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# Retiree Activities Office Newsletter

**ACKNOWLEDGEMENT**

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

## TRICARE Dental Benefit Available Overseas

Retired TRICARE beneficiaries living overseas may enroll in the TRICARE Retiree Dental Program. Beginning Oct. 1, the Enhanced-Overseas TRDP is available for eligible uniformed service retirees and their families.

“For many years, military retirees and their families have requested a dental program overseas,” said Navy Capt. Robert H. Mitton, chief of the dental care branch for the TRICARE Management Activity. “We at TRICARE are very excited about fulfilling that desire with the new Enhanced-Overseas TRDP.”

Before this enhancement, the dental program was only available to retirees and their families in the United States, the District of Columbia, Guam, Puerto Rico, the U.S. Virgin Islands, American Samoa, the Commonwealth of the Northern Mariana Islands and Canada. The Enhanced-Overseas TRDP now allows retirees worldwide to purchase dental coverage.

TRICARE officials state the highlights of the benefits available under the

enhanced program include:

- Affordable premiums.
- Immediate coverage upon effective enrollment date for all routine, preventive and emergency services, such as cleanings, exams, X-rays, fluoride treatments, fillings, oral surgery, periodontal treatment and root canals.
- Coverage for implant services, crowns, bridges, dentures and orthodontics after a 12-month waiting period.
- Separate dental accident coverage is included.

There is no TRDP dentist network overseas; however, Enhanced-Overseas TRDP enrollees who need to locate a dentist for covered services may call the International SOS Assistance Inc., a 24-hour referral service, toll free from inside the United States at (800) 523-6586 or outside of the United States via collect call to (215) 942-8226. People should indicate to an I-SOS representative that Delta

Dental is their dental coverage carrier.

Also, an online host-nation provider list of more than 500 dentists and dental clinics in nearly 50 countries is located on the TRDP Web site at [www.trdp.org](http://www.trdp.org) <<http://www.trdp.org/>>. Note that overseas dentists do not offer discounted dental services as do the participating TRDP dentists within the original service areas.

For Enhanced-Overseas TRDP customer service questions, contact Delta Dental of California via the following international toll-free number: (AT&T USADirect Access Number) + (866) 721-8737.

“Offering the TRDP overseas gives retirees and their families a fantastic opportunity for access to more affordable dental care through a program that has a proven track record,” Captain Mitton said. (Courtesy of TRICARE)

*NOTE: For our Misawa retirees there will be no change to our use of the MTF dental services.*

## COLA 2010

With a 5.8% COLA in the bank for 2009, the Consumer Price Index (CPI) promptly tanked to start the new fiscal year. The October CPI dropped 1.3% compared to the September number - the biggest October decline in 61 years. And because the September number, in turn, was

lower than the July-to-September average that's the starting point for the 2010 COLA, we start the first month of the COLA year in a 1.5% hole. And with gas prices continuing their steep fall off into November, it looks like inflation will start off FY2009 in an even deeper hole than

it did in 2007, when we ended up the year with a 2.3% COLA. [Source: MOAA Leg Up 21 Nov 08]

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## Secretary Establishes ALS as a Compensable Illness



Veterans with amyotrophic lateral sclerosis, or ALS, may soon receive badly needed support for themselves and their families. The Department of Veterans Affairs secretary announced recently that ALS will become a presumptively compensable illness for all veterans with 90 days or more of continuously active military service.

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

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

Titled "Amyotrophic Lateral Sclerosis in Veterans: Review of the Scientific Literature," the report analyzed numerous previous studies on the issue and concluded that "there is limited and suggestive evidence of

an association between military service and later development of ALS."

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

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

ALS causes degeneration of nerve cells in the brain and spinal cord that leads to muscle weakness, muscle atrophy, and spontaneous muscle activity. Currently, the

cause of ALS is unknown, and there is no effective treatment.

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

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

To view the entire regulation published in the Federal Register, go to: [www.federalregister.gov/DFRUpload/DFRData/2008-21998.P1.pdf](http://www.federalregister.gov/DFRUpload/DFRData/2008-21998.P1.pdf) <<http://www.federalregister.gov/DFRUpload/DFRData/2008-21998.P1.pdf>>. For more information on VA's disability compensation program, go to [www.va.gov](http://www.va.gov) or call (800) 827-1000.

## SBP Paid Up Provision

Retired members who have been paying SBP premiums for at least 30 years (360 months) and have reached at least age 70 on Oct. 1, were to be considered "paid-up" and have no more premiums deducted from their retired pay. NAUS and FRA have received many phone calls and emails from their members who believe they are qualified yet are still having the premiums deducted. According to the Defense Finance and Accounting Service (DFAS) an appeal process is being developed for beneficiaries who believe they qualify for "paid up" status but are still having their SBP premium deducted from their retired pay. DFAS has assured that any beneficiary who is qualified for "paid up" status

and had premiums deducted from their retired pay will be provided a full refund. A reason you may not be qualified is that you lost your spouse and your account was placed on hold status until you remarried. The date you remarried is NOT the start date for resumption of SBP premiums. That does not occur until one year after the new marriage. Also any payments you may have made for the Retired Servicemembers Family Protection Program (RSFPP), the program in effect prior to SBP, do not count towards the paid-up provision. There are several other instances that may affect your account. To check on these, go to the DFAS Retiree Newsletter at <http://www.dfas.mil/rna-news/>

[october2008/paid-uprsfppandsbpupdate.html](http://www.dfas.mil/rna-news/october2008/paid-uprsfppandsbpupdate.html) or call DFAS at 1-800-321-1080. Be advised that your wait may be long as the phone system at DFAS has been overwhelmed lately. [Source: NAUS Weekly Update 21 Nov 08 ++]





## MEDICARE Part B Open Enrollment

If you're one of America's more than 36 million seniors, it's time to prepare and compare for your 2009 Medicare coverage. Medicare is health insurance for most people 65 and older who do not have other sources of coverage. The program also applies to younger people with certain disabilities and permanent kidney failure and is mandatory for military retirees under Tricare to obtain TFL upon turning 65. It covers many services and supplies in hospitals, physician offices and other health care settings. Now is the time to join, switch or drop Medicare. Open enrollment began 15 NOV. Your deadline is Dec. 31, but make your decisions by early December — especially for those enrolling for the first time or making changes — to avoid conflicts with coverage in JAN 09. You must make two major decisions. There are monthly premiums, co-payments and deductibles associated with both major choices.

- The first decision is to choose original Medicare or a private insurance (HMO or PPO) to cover hospital and doctor visits.
- The second concerns prescription drug coverage. Savvy seniors might be able to find new prescription plans

that save money.

"There are opportunities to go in and find different health plans under the approved Medicare Part D that would result in savings," said James R. Langabeer II, an associate professor of management at the University of Texas School of Public Health in Houston. "Several plans this year did drop their overall cost. That's what consumers have to look for." He also suggests asking your doctor whether generic alternatives to your name-brand drugs might work for you. Some tips on how to proceed:

- Getting Started: Gather your Medicare card and a list of your current medications. Collect any mail you have received from Medicare, Social Security or your current drug plan.
- Visit Medicare Online: [www.medicare.gov](http://www.medicare.gov).
- Make It Personal: Personalize your search for what's best for you by visiting [www.MyMedicare.gov](http://www.MyMedicare.gov), a site that allows you to decide based on your individual Medicare information. If you are new to Medicare, use the [www.MyMedicare.gov](http://www.MyMedicare.gov) password and instructions Medicare mailed to you.
- No Internet Access?: Call 800-633-4227 (800-MEDICARE).

- Get Help: Enlist relatives and other trusted people for input as you decide. Remember: The right plan for one spouse may not be best for the other.

- More Help: Call 800-252-9240.
- Choose A Plan: Confirm that your medications are covered and that your doctor and other providers will accept the plan.
- Be Careful: Only deal with reputable people to protect yourself from theft and identity fraud.
- The Full Guide: You should already have received the Medicare & You 2009 handbook in the mail. It is also available at [www.medicare.gov/Publications/Pubs/pdf/10050.pdf](http://www.medicare.gov/Publications/Pubs/pdf/10050.pdf).

Coverage plans for you to consider or review are:

- Original Medicare - Part A: Covers hospital services. Most people receive this automatically. You usually don't pay a monthly premium if you or your spouse paid Medicare taxes while working.
- Original Medicare - Part B: Medical insurance for doctor visits, outpatient care and some preventive services. Most people will pay the standard premium, \$96.40 a month in 2009. If you don't sign up

when you are first eligible, the premium may be higher. Cost varies for those in the Medicare Advantage Plan or with other health insurance. Part B enrollment rights can be affected if you have coverage through an employer or union and you or your spouse still work.

- Supplemental Insurance: Known as a Medigap policy and sold by private insurance companies; can help pay co-payments, co-insurance and deductibles not covered by Original Medicare.

- Medicare Advantage Plan - Part C: Private insurance that includes Parts A & B. If you have this coverage, you don't need a Medigap policy and cannot use it to pay for expenses under this plan.

- Prescription Drug Coverage - Part D: Medicare Rx is a prescription drug benefit with a monthly fee. Those with Original Medicare must choose and join a Medicare prescription drug plan run by private companies and approved by Medicare. People with limited income and resources may qualify for help paying for medications.

Source: Centers for Medicare and Medicaid Services Nov 08 ]

## VA Presumptive Vietnam Vet Diseases

The Department of Veterans Affairs presumes that specific disabilities diagnosed in certain veterans were caused by their military service. If one of these conditions is diagnosed in Vietnam Vet, VA presumes that the circumstances of his/her service (i.e. exposure to Agent Orange) caused the condition, and disability compensation can be awarded. This includes DIC education and CHAMPVA for spouses of veterans rated 100% or surviving spouses late-veterans that died from discussed medical problems. The following disabilities may be presumed for those who served in the Republic of Vietnam

between 1/9/62 and 5/7/75:

- chloracne or other acneform disease similar to chloracne\*
- porphyria cutanea tarda\*
- soft-tissue sarcoma (other than osteosarcoma, chondrosarcoma, Kaposi's sarcoma or mesothelioma)
- Hodgkin's disease
- multiple myeloma
- respiratory cancers (lung, bronchus, larynx, trachea)
- non-Hodgkin's lymphoma
- prostate cancer
- acute and subacute peripheral neuropathy\*
- type 2 diabetes

- chronic lymphocytic leukemia

Note\*: Must become manifest to a degree of 10% or more within a year after the last date on which the veteran was exposed to an herbicide agent during active military, naval, or air service.

[Source: County of Humboldt Veterans Service office 12 Oct 08 ]



## Enhanced VA Mortgages For Vets In Distress

Veterans with conventional home loans now have new options for refinancing to a Department of Veterans Affairs guaranteed home loan. These new options are available as a result of the Veterans' Benefits Improvement Act of 2008, which President Bush signed into law Oct. 10.

"These changes will allow VA to assist a substantial number of veterans with subprime mortgages refinance into a safer, more affordable, VA guaranteed loan," said Dr. James B. Peake, VA secretary. "Veterans in financial distress due to high rate subprime mortgages are potentially the greatest beneficiaries."

VA has never guaranteed subprime loans; however, as a result of the new law VA can now help many more veterans who currently have subprime loans.

The new law makes changes to VA's home loan refinancing pro-

gram. Veterans who wish to refinance their subprime or conventional mortgage may now do so for up to 100 percent of the value of the property. These types of loans were previously limited to 90 percent of the value.

Additionally, Congress raised VA's maximum loan amount for these types of refinancing loans. Previously, these refinancing loans were capped at \$144,000. With the new legislation, such loans may be made up to \$729,750 depending on where the property is located.

Increasing the loan-to-value ratio and raising the maximum loan amount will allow more qualified veterans to refinance through VA, allowing for savings on interest costs or even potentially avoiding foreclosure.

Originally set to expire at the end of this month, VA's authority to guaranty Adjustable Rate Mortgages and Hybrid ARMs was also

extended under this new law through Sept. 30, 2012. Unlike conventional ARMs and hybrid ARMs, VA limits interest rate increases on these loans from year to year, as well as over the life of the loans.

Since 1944, when home loan guaranties were offered with the original GI Bill, VA has guaranteed more than 18 million home loans worth more than \$911 billion. This year, about 180,000 veterans, active-duty servicemembers, and survivors received loans valued at about \$36 billion.

For more information, or to obtain help from a VA loan specialist, veterans may call VA at (877) 827-3702 or visit [www.homeloans.va.gov](http://www.homeloans.va.gov) <<http://mercury.afnews.af.mil/t/1999363/4648692/552/0/>>.



## CRDP

The concurrent retirement and disability pay (CRDP) retro payments being paid to retirees rated with "individual unemployability" (IU) by the VA are taxable in the year received. CRDP always has been taxable income, as it is a restoration of taxable military retired pay. According to the Internal Revenue Service (IRS), income is considered taxable in

the year it is received. This is the case even though the retro payment is to make you whole from an earlier time. Many have asked about the ability to file an amended tax return. It is not an option. Amended returns are for correcting a past mistake, or for when you paid taxes in the past that you didn't need to pay. The CRDP retro payments for IU don't

apply to either of these situations because you were paid in accordance with the laws and policies at those times. The laws changed in 2008 to make things different, so the payment is considered a current year income payment. [Source: MOAA News Exchange 18 Nov 08]



## Locating Veterans

The military keeps track of folks who are currently receiving military pay. That means they know the location of individuals who are currently on active duty, in the National Guard and Reserves, and those who are retired from the military. If you're looking for someone who spent a few years in the military, and then separated, the military is not going to know where they are. Even if the people you are looking for are currently on active duty, in the Guard or Reserves, or are retired, whether or not the military will release information they do have on file is dependent upon the circumstances. For example, the military generally does not release information about individuals who are deployed. Following are some guidelines on where you can look:

**Base Locators:** If the person you're trying to find is currently on active duty, and you know their rank, name, and where they are stationed, finding them is pretty easy. Every military base has a "base locator." You can usually locate the military member you're looking for with a simple phone call. To contact the base locator, call long distance information, and ask them to connect you to the base operator for the military base where the member is stationed. When the base operator comes on the line, ask to be connected to the base locator. The base locator can give you the duty phone number and duty address of any active duty person stationed on that base. Unless the individual has asked to keep the information private, the locator can also give you their home phone number and home address.

**World-Wide Locators:** If you don't know where the member is stationed, you'll need to contact the specific service's world-wide locator service. Each military branch has their own:

- **Air Force.** The Air Force World-Wide Locator is based at the Air Force Personnel Headquarters in Texas. It handles requests for Air

Force active duty, Air Force reserves, the Air National Guard, and retired Air Force members. There are two types of requests: official requests and unofficial requests. Official requests are defined as requests received from any government agency and the Department of Defense. All other requests are considered unofficial. All unofficial requests must be made in writing. In order for the Air Force to properly locate the correct individual, your request must contain as much of the following information as possible: Full name to include a middle initial; Rank; Social Security number; Date of birth; Any known assignment information (places/dates). A fee of \$3.50, per individual request, is required for all unofficial requests. The fee must be paid by check or money order made out to "DAO-DE RAFB." Requestors who are on active duty, National Guard, Reserves, or military retired are exempt from paying the fee. Your written request needs to include your name, address, and phone number. Put your written request in an unsealed envelope with a return address, proper postage affixed and the individual's (the person you're looking for) name in the addressee portion of the envelope. Place this envelope in a larger envelope with your check or money and mail to the locator address at: HQ AFPC/DPDXIDL, 550 C St West Ste 50, Randolph AFB, TX 78150-4752. Your request constitutes permission for the Air Force to release your name, phone number, and address to the military member.

- **Army.** Due to security reasons, the Army has closed their World-Wide Locator Service to the general public. To access the Army locator, you now need an Army Knowledge Online account (that means you need to be a member of the Army, Army National Guard, Army Reserves, Army Retired member, or an Army Dependent). Other requests to locate active duty Army members are handled on a case-by-case basis. Send your written requests to: Commander, U.S. Army Enlisted Records & Evaluation Center, ATTN: Locator, 8899 East 56th Street, Fort Benjamin Harrison, IN 46249-5301 [Tel:1-866-771-6357](tel:1-866-771-6357).

- **Navy.** The Navy World Wide Locator helps locate individuals on active duty and those who have been recently discharged (within one year). The Navy also has a current address for retired Navy service members. Retiree addresses and addresses for those who have recently separated, however, are protected under the provisions of the Privacy Act and cannot be released. In these cases, however, the locator can forward mail. Give as much identifying information as possible about the person you wish to locate such as full name, rank (rate), last duty assignment/last known military address, service number, and Social Security number. You can call the locator service at 1-866-827-5672 or 1-901-874-3388, DSN 882-3388. Unless you are calling on official business or a family member or active duty member, the fee for researching an address is \$3.50 per address made payable by check or money order to the U.S. TREASURER. Fees are retained in cases resulting in an unsuccessful search. Mail your correspondence with your fee to: Navy World Wide Locator, Navy Personnel Command, PERS 312E2, 5720 Integrity Drive Millington, TN 38055-3120.

- **Marine Corps.** The Marine Corps can provide the duty station for active duty personnel and reservists. For retired individuals, the locator service can provide the city and state, but not an address. The service will provide the service member's current rank and unit address; however, due to the locator's staffing, the office cannot forward mail except in special cases. Telephonic requests to 1-703-640-3942/3943 are no charge to immediate family members and government officials calling on official business. In addition, telephonic service will be provided at no cost to any individual, business or organization, if the Marine locator decides the information would benefit the individual. Other requests cost \$3.50, made payable by check or money order to the U.S. TREASURER. Send written locator requests to: Commandant of the Marine Corps, Headquarters,



USMC Code MMSB-10, Quantico, VA 22134-5030.

- **Coast Guard.** The Coast Guard World Wide Locator has duty stations for active duty personnel. They do not maintain listings for CG reserve or retired personnel. To locate an active duty Coast Guard member, you can send an email to: [ARL-PF-CGPCCGlocator@uscg.mil](mailto:ARL-PF-CGPCCGlocator@uscg.mil). You can also write to: Coast Guard Personnel Command (CGPC-adm-3), 2100 Second St. SW., Washington, DC 20593-0001 Tel: (202) 267-0581

**Other:** Military members are people, just like any other folks. They can often be found by employing methods you would use to try and locate anyone. For example, a private detective agency may be able to assist. They usually have access to resources and databases which can search driver's license records, utility records, mortgage and deed documents, etc. There are web sites that allow former military members and former military members to enter their contact information, so that it is available to people who wish to find them. The disadvantage is that the member will not be listed there, unless he/she specifically requested that their information be listed. Some of these web sites are:

- [www.militarylocator.com](http://www.militarylocator.com). You have to join this site to use their locator.
- [www.militaryconnections.com](http://www.militaryconnections.com). Database with over 450,000 names.
- [www.qsearch.com](http://www.qsearch.com). Database with information from many current and former military members.
- [www.usaf-locator.com](http://www.usaf-locator.com). More than 32,000 email addresses of current and former Air Force members.
- [www.classmates.com](http://www.classmates.com). Classmates.com has a special section for current and former military members. You have to join in order to use their services. [Source: About.com U.S. Military Rod Powers article Nov 08 ++]



## DoD Disability Evaluation System

Defense Secretary Robert Gates has issued a policy stating that the military will follow a new law requiring that service members being medically retired for post-traumatic stress disorder be rated at least 50% disabled, a provision of the 2008 Defense Authorization Act. But the Pentagon is ignoring another provision of the Act that requires a review board to be set up for medical evaluation cases, and has even added some pain to service members who feel they have been wronged: Decisions by the board, whenever it is formed, will not be retroactive. The Physical Disability Board of Review was mandated by Congress to check the fairness and accuracy of troops' disability cases. The Defense Department decided that the board will review only conditions found unfitting — which advocates for service members say leaves out any diagnosis that should have been included but wasn't. They say it also excludes cases in which lower-rated conditions were found unfitting while higher-rated conditions were found fitting — allowing the military to spend less money on medical separation cases. Now a new memo states that decisions of the board, which was supposed to be set up in April, will not be retroactive. The memo, posted on the Military Health System Web site, states: "Any change to the rating is effective on the date of final decision by the service secretary." In other words, service members will not receive back pay for incorrect ratings.

Retired Army Lt. Col. Mike Parker, who has worked as an advocate for troops going through the medical retirement system, said the situation is maddening be-

cause the longer the Defense Department takes to set up the new board, the less back pay it will have to hand out. Parker said the new memo on PTSD ratings is better news. According to the 2008 Defense Authorization Act, all the services are required to follow the rules of the Veterans Affairs Schedule for Rating Disabilities. According to those rules, anyone being medically discharged with a diagnosis of PTSD must receive a disability rating of 50% and then be re-examined six months later. In the past, according to Army documents, many soldiers with PTSD have been found unfit for service, rated 10% disabled and immediately booted out. Not long ago, rumors were rampant that defense officials soon would issue guidance stating that this was, in fact, how those cases should be handled. But after the threat of a lawsuit and calls from veterans' groups for the Pentagon to obey the letter of the law, a 14 OCT policy was incorporated into Defense Department Instruction 1332.38, stating that the military will abide by the VASRD rules. The rules state: "When a mental disorder that develops on active duty as a result of a highly stressful event is severe enough to bring about release from active military service, the rating agency shall assign an evaluation of not less than 50% and schedule an examination within the six-month period following discharge to determine whether a change in rating and disposition is warranted." The only exceptions will be those found to have a permanent and stable condition and a rating of 80% or higher, who will be permanently retired.

The memo, signed by David Chu,

undersecretary of defense for personnel and readiness and effective immediately, also states that troops in the Disability Evaluation System may request an impartial physician or other health care professional not involved in his or her case to review the medical evidence for a Medical Evaluation Board. That was also mandated by Congress in the 2008 Defense Authorization Act. The memo states: "In most cases, this impartial health professional should be the service member's primary care manager," and adds that the adviser has five days to review the evidence. The new guidance also:

- Lays out time limits for how long each task should take to perform. For example, the entire process, from the date of the first medical summary for the Medical Evaluation Board to the final review board, excluding appeals review, "should not exceed" 70 days for active-duty members and 130 days for reserve-component members. Each appeal should take no longer than 30 days from the day the final Formal Physical Evaluation Board is completed.
- Asks the services to create a new Medical Evaluation Board or Physical Evaluation Board to process cases if they encounter backlogs.
- States that Physical Evaluation Board legal counselors will consult with the service members they counsel "at least one day in advance of the scheduled formal hearing." Troops have complained that their counseling came just hours before their hearings, and often took place by phone.

[Source: NavyTimes Kelly Kennedy article 22 Nov 08]





## Unapproved Prescription Drugs

An Associated Press analysis of federal data has found taxpayers have shelled out at least \$200 million since 2004 for medications that have never been reviewed by the government for safety and effectiveness but are still covered under Medicaid. Millions of private patients are taking such drugs, as well. The availability of unapproved prescription drugs to the public may create a dangerous false sense of security. Dozens of deaths have been linked to them. The medications date back decades, before the Food and Drug Administration tightened its review of drugs in the early 1960s. The FDA says it is trying to squeeze them from the market, but conflicting federal laws allow the Medicaid health program for low-income people to pay for them. The AP analysis found that Medicaid paid nearly \$198 million from 2004 to 2007 for more than 100 unapproved drugs, mostly for common conditions such as colds and pain. Data for 2008 were not available but unapproved drugs still are being sold. The AP checked the medications against FDA databases, using agency guidelines to determine if they were unapproved. The FDA says there may be thousands of such drugs on the market. Medicaid officials acknowledge the problem, but say they need help from Congress to fix it. The FDA and Medicaid are part of the Health and Human Services Department, but the FDA has yet to compile a master list of unapproved drugs, and Medicaid — which may be the biggest purchaser — keeps paying.

At a time when families, busi-

nesses and government are struggling with health care costs and 46 million people are uninsured, payments for questionable medications amount to an unplugged leak in the system. Sen. Charles Grassley (R-IA) has asked the HHS inspector general to investigate. That unapproved prescription drugs can be sold in the United States surprises even doctors and pharmacists. But the FDA estimates they account for 2% of all prescriptions filled by U.S. pharmacies, about 72 million scripts a year. Private insurance plans also cover them. The roots of the problem go back in time, tangled in layers of legalese. It wasn't until 1962 that Congress ordered the FDA to review all new medications for effectiveness. Thousands of drugs already on the market were also supposed to be evaluated. But some manufacturers claimed their medications were "grandfathered" under earlier laws, and even under the 1962 bill. Then, in the early 1980s, a safety scandal erupted over one of those medications. E-Ferol, a high potency vitamin E injection, was linked to serious reactions in some 100 premature babies, 40 of whom died. In response, the FDA started a program to weed out drugs it had never reviewed scientifically. Yet some medications continued to escape scrutiny. Sometimes, the medications do not help patients. In other cases, the FDA says, they have made people sicker, maybe even killed them. This year, for example, the FDA banned injectable versions of a gout drug called colchicine after receiving reports of 23 deaths. Investigators found the

unapproved drug had a very narrow margin of safety, and patients easily could receive a toxic dose leading to complications such as organ failure.

Critics say the FDA's case-by-case enforcement approach is not working. In most cases, doctors, pharmacists and patients are not aware the drugs are unapproved. Tackling the problem is made harder by confusing — and sometimes conflicting — laws, regulations and responsibilities that pertain to different government agencies. Medicaid officials said their program, which serves the poor and disabled, is allowed to pay for unapproved drugs until the FDA orders a specific medication off the market. But that can take years. Compare that with Medicare, the health care program for older people. Medicare's prescription program is not supposed to cover unapproved drugs. Medicare has purged hundreds of such medications from its coverage lists, but continues to find others. It might be easier to sort things out if the FDA compiled a master list of unapproved drugs, but the agency hasn't. FDA officials say that would be difficult because many manufacturers do not list unapproved products with the agency. Yet, the AP found many that were listed — a possible starting point for a list. Among the drugs the AP's research identified were Carbofed, for colds and flu; Hylira, a dry skin ointment; Andehist, a decongestant, and ICAR Prenatal, a vitamin tablet. Medicaid data show the program paid \$7.3 million for Carbofed products from 2004 to 2007; \$146,000 for Hylira;

\$4.8 million for Andehist products, and \$900,000 for ICAR.

FDA officials say they tell Medicaid and Medicare when the agency moves to ban an unapproved drug, so the programs can stop paying. The FDA began its latest crackdown on unapproved drugs two years ago and has taken action against nine types of medications and dozens of companies. Typically, the agency orders manufacturers to stop making and shipping drugs, and it also has seized millions of dollars' worth of medications. But federal law does not provide fines for selling unapproved drugs, and criminal prosecutions are rare. Some manufacturers of unapproved drugs say their products predate FDA regulation and are grandfathered in. The FDA is skeptical that any drugs now being sold are entitled to "grandfather" status. To qualify, they would have to be identical to medications sold decades ago in formulation and other important aspects. The agency is targeting drugs linked to fraud, ones that do not work and, above all, those with safety risks. While the crackdown has helped, it does not appear to have solved the problem. The gout drug banned by the FDA this February is not the only recent case involving safety problems. Last year, the FDA banned unapproved cough medicines containing hydrocodone, a potent narcotic. Some had directions for medicating children as young as age 2, although no hydrocodone cough products have been shown to be safe and effective for children under 6. In a 2006 case, the agency received 21 reports of children younger than 2 who died after taking unapproved cold and allergy medications containing carbinoxamine, an allergy drug that also acts as a powerful sedative. Regulators banned all products that contained carbinoxamine in combination with other cold medicines. [Source: AP Ricardo Alonso-Zaldivar and Frank Bass article 24 Nov 08]



## Exchange Optical Service Offered For Retirees On Line

Thanks to expanded online service, military retirees can now use exchange optical shops and vision centers for eyewear regardless of where they live.

Two new partner Web sites for glasses and contact lenses have been added to the Exchange Online Mall at [www.aafes.com](http://www.aafes.com) <<http://www.aafes.com/>> .

After logging in, authorized shoppers who click on the new "Glasses & Contacts" link now have access to the prices comparable to those found in the exchanges' brick-and-mortar optical shops and vision centers through FramesDirect.com and MilitaryContacts.net.

"These sites have been set up to

offer the same opening price points exchange shoppers find at our optical shops and vision center facilities on military installations," said Lt. Col. (Dr.) Ric Peterson, the Army and Air Force Exchange Service's director of professional services.

Dr. Peterson said the sites solve some long-standing issues by delivering the eyewear benefit to an authorized shopper's front door. Now, any beneficiary can use the Internet for discount eyewear service, especially those retirees and their families without access to traditional exchange facilities.

With single vision eyeglasses starting at just \$39, FramesDirect.com's Exchange Online Mall site features some 50,000 prescription frame

styles and 8,000 sunglasses from more than 200 brands, all discounted 10 to 30 percent with free shipping. The site also allows people to upload pictures and virtually try on different frame styles.

MilitaryContacts.net offers prices up to 30 percent less than the leading mail-order contact lens provider, and orders of \$50 or more always receive free shipping.

"Ordering from either site couldn't be easier," said Don Walker, AAFES merchandise manager. "Shoppers can e-mail or fax their prescription or even just provide their eye doctor's name and phone number, and if the prescription is on file, the sites will validate and fill the order." (Courtesy of AAFES)



## Gulf War Syndrome

On 26 NOV Dr. Michael E. Kilpatrick, deputy director of health affairs for force health protection and readiness said that DoD continues to work with the VA to resolve veterans' health issues, including maladies associated with the Gulf War. "We work very closely with the VA for those who've separated from military service. We find that the No. 1 disability that veterans have is problems with muscles, bones and joints, ankles, knees and lower back . These types of ailments also surface as the top health issues cited by active-duty troops at sick call. So, there's a relationship between service and those kinds of wear-and-tear joint problems," Kilpatrick said Of the nearly 700,000 U.S. military members involved in the 1990-1991 Gulf War about 120,000 servicemembers returning from deployment in the Middle East reported a multitude of symptoms, including depression, tiredness, muscle and joint aches and pains, memory

loss, headaches, and rashes. Servicemembers suffering from one or a combination of these maladies would later be said to have Gulf War Illness. While 80% of those 120,000 veterans received a medical assessment and treatment for their ailments, about 24,000 veterans with Gulf War Illness-related symptoms remain undiagnosed, said Kilpatrick, a former Navy physician who commanded an Army/Navy infectious disease research unit during the Gulf War.

A congressionally-mandated report titled "Gulf War Illness and the Health of Gulf War Veterans" was released 17 NOV and presented to Veterans Affairs Secretary Dr. James Peake. The 400-plus-page report says Gulf War Illness is a genuine medical condition. The report also notes that pyridostigmine bromide pills taken by some servicemembers in theater as a prophylactic against nerve agents and the use of pesticides to ward off

desert insects are possible causes of Gulf War Illness. Kilpatrick said he disagrees with the report's findings regarding causes of Gulf War Illness, especially the alleged role played by anti-nerve agent pills and pesticides. Previous tests had determined that the pills were safe for consumption by servicemembers, he said, and there's no medical evidence that pesticide use was responsible for Gulf War Illness-related maladies. Other reports conducted on Gulf War Illness over the years, he noted, failed to substantiate its existence or couldn't provide medical evidence of possible causes. Unlike today, the U.S. military did not conduct pre-deployment medical screenings of servicemembers during the Gulf War, Kilpatrick said. He suggested that some individuals reporting Gulf War Illness-related symptoms may have had pre-existing medical conditions before they deployed to the Gulf. "I think if you take a look at chronic fatigue syndrome, where people are

extremely tired even after a good night's sleep; they're lethargic, they may have some short-term memory loss, some muscle pain in joints," Kilpatrick said. "That's part of that syndrome." Gulf War Illness isn't a mystery, Kilpatrick said, but it is "something we don't understand, and we need to do more work." [Source: AFPS Gerry J. Gilmore article 26 Nov 08 ]







## Gulf War Syndrome

Gulf War syndrome is real and afflicts about 25% of the 700,000 U.S. troops who served in the 1991 conflict, a U.S. report said 17 NOV. The report broke with most earlier studies acknowledging two chemical exposures consistently associated with the disorder -- one to the drug pyridostigmine bromide given to soldiers to protect against nerve gas and the other used (often overused) to protect against desert pests -- were cited as causes in the congressionally mandated report. "The extensive body of scientific research now available consistently indicates that Gulf War illness is real, that it is a result of neurotoxic exposures during Gulf War deployment, and that few veterans have recovered or substantially improved with time," according to the 450-page report presented to Secretary of Veterans Affairs James Peake. The report bolstered the hopes of thousands of U.S. and allied veterans who have struggled to have their varied neurological symptoms, including memory loss, concentration problems, rashes and widespread pain, recognized by the government. The government for years maintained that the symptoms manifested were because of stress or other unknown causes. The panel of scientists and

veterans also called upon Congress to appropriate \$60 million annually to conduct research into finding a cure for the disorder calling it a 'national obligation. The report, which went to Veterans Affairs Secretary James Peake on the 17th, said, "The Defense Department cut research money from \$30 million in 2001 to less than \$5 million in 2006. Both agencies have identified some of their research as Gulf War research even when it did not entirely focus on the issue. Substantial federal Gulf War research funding has been used for studies that have little or no relevance to the health of Gulf War veterans," the panel concluded."

The new report [http://sph.bu.edu/insider/index.php?option=com\\_content&task=view&id=1579&Itemid=150](http://sph.bu.edu/insider/index.php?option=com_content&task=view&id=1579&Itemid=150) is the product of the Research Advisory Committee on Gulf War Veterans' Illnesses (RAC-GWVI), which was chartered by Congress because many members thought that veterans were not receiving adequate care. On the 15-member committee appointed in 2002, scientists made up about two-thirds and the rest were veterans. Some scientists were not convinced that the new report had found the long-sought smoking

gun. "Even though we know that the DoD did ship pesticides, it doesn't mean that the people who were exposed to them were the ones who ended up having symptoms," said Dr. Lynn Goldman, a professor of environmental health sciences at Johns Hopkins University in Baltimore who has worked on previous reports on the illness. "We felt that there needed to be better records of where people were, what they were exposed to and their prior health status going in." Several reports had already been issued by the prestigious Institute of Medicine, an arm of the National Academy of Sciences, blaming stress and other unknown causes for the soldiers' symptoms. There's something about going to the Gulf and serving in the Gulf that has caused something bad and persistent and real, but we have not found any evidence for a specific cause," said Dr. Harold C. Sox, chairman of a 2000 institute study and editor of the journal *Annals of Internal Medicine*. Veterans blame the institute's reports for the difficulties they've faced in getting treatment for their problems.

According to RAC-GWVI, at least 64 pesticides containing 37 active ingredients were used during the war. They were sprayed not only

around living and dining areas, but also on tents and uniforms, White said. There was less evidence to support a link to the U.S. demolition of Iraqi munitions near Khamisiyah, which may have exposed about 100,000 troops to nerve gases stored at the facility, according to the panel. The panel said it could not rule out a link between the illness and exposure to oil well fires and multiple vaccinations. But it could find no evidence linking it to depleted uranium shells, anthrax vaccine and infectious diseases. In addition to increased rates of memory loss, fatigue and pain, Gulf War veterans have higher rates of brain cancer and amyotrophic lateral sclerosis, or Lou Gehrig's disease, the panel also noted. "The tragedy here is that there are currently no treatments," said panel chair James H. Binns, a former deputy assistant secretary of defense and a Vietnam veteran. "The tragedy here is that there are currently no treatments," said the panel's chairman, James H. Binns, a former principal deputy assistant secretary of Defense and a Vietnam veteran. Binns emphasized that the report was not written to yield recriminations about past actions. "The importance . . . lies in what is done with it in the future," he said. "It's a blueprint for the new administration." [Source: Los Angeles Times article 18 Nov 08 ]

## Another Success Story

We wanted to pass along another success story in our efforts to take care of the many Japanese widows in our area who have previously received little help and in most cases didn't understand the system anyway. We were contacted earlier this year by a widow in Sapporo who received one of our Japanese language newsletters. For some reason unknown to her, her late husbands

civil service retirement checks had stopped back in December 2005 and she obviously had no idea how to go about reinstating the checks. She was able to provide to us many documents that we used to contact DPM to find out the reason for the stoppage. It seems a survey was sent to her, but not to the correct address, and it was returned to DPM and the checks were stopped. We were able to go

on line and after several emails back and forth we were put in contact with Ms. Alice Kelly, Customer Service, at DPM. With her assistance we were able to compose a letter for our widows signature, which she had notarized at the Consulate in Sapporo, and sent to Ms. Kelly in DC. Shortly after, we received an email from Ms. Kelly who had received the letter and processed the necessary papers

to reinstate the checks. Our widow just started receiving her monies to her new bank account in December with all past monies included from December 2005; a real nice Christmas present. We were extremely happy to resolve this issue and get our widow all she was entitled to. If you know of anyone out there with similar problems please direct them to us. We are here to help in anyway we can and we have the access necessary to cut through much of the bureaucracy to get things done.

## TRICARE/MEDICARE



TRICARE officials want beneficiaries who receive a disability check to ensure they are getting the TRICARE coverage they are entitled to receive.

In general, most beneficiaries become eligible for Medicare at age 65; however, many beneficiaries younger than 65 also qualify for Medicare and there is one critical fact they need to know:

"Most TRICARE beneficiaries who are eligible for premium-free Medicare Part A are required under federal law to enroll in Medicare Part B to keep TRICARE benefits," said Anne Breslin, the Tricare For Life program manager.

Medicare Part A covers inpatient care in hospitals and skilled-nursing facilities. It also covers hospice and some home health care.

Medicare Part B is medical insurance. It helps cover outpatient and physician services as well as some physical and occupational therapies and home health care. The Medicare Part B monthly premium is currently \$96.40 and will remain the same for 2009.

Individual premiums could be higher, based on income.

When Medicare coverage is effective, it becomes the primary insurance, while TRICARE becomes the secondary. Beneficiaries who take appropriate steps to maintain their TRICARE eligibility will often have no out-of-pocket expenses for health care services covered by Medicare and TRICARE.

Generally, beneficiaries who receive Social Security disability benefits begin receiving Medicare benefits after two years, and they may choose between options such as TRICARE Prime or TRICARE for Life. Most will need to have Medicare Part B, although there are some exceptions.

"Whatever they choose, we can't emphasize enough that beneficiaries need to look carefully at their options before making decisions that could result in a loss of TRICARE coverage," said Ms. Breslin.

Factors beneficiaries must take into consideration before making a decision when it comes to Medicare and TRICARE include: whether their spouse is on active duty; if they are disabled because

of injuries suffered while serving on active duty; if they have other health insurance; or if they are enrolled in the Uniformed Services Family Health Plan or TRICARE Reserve Select.

Other factors may also apply, but help is available to understand the complexities of this benefit. Detailed information on how Medicare and TRICARE work together for eligible beneficiaries younger than 65 is available through the Tricare Web site at [www.tricare.mil/medicare](http://www.tricare.mil/medicare) <<http://mercury.afnews.af.mil/t/1997807/4648692/470/0/>>, where users can also download a new "Using TRICARE and Medicare" flier.

For more information, contact visit Medicare at [www.medicare.gov](http://www.medicare.gov) <<http://mercury.afnews.af.mil/t/1997807/4648692/471/0/>> or call (800) 633-4227; visit the Social Security Administration at [www.ssa.gov](http://www.ssa.gov) <<http://mercury.afnews.af.mil/t/1997807/4648692/472/0/>> or call (800) 772-1213; or call TRICARE for Life at (866) 773-0404. (Courtesy of TRICARE)



## Many Thanks To Our Supporters

The pictures on the left are just some of presentations we made to our supporters around the base for our annual Retiree Appreciation Day and the Air Force 61st Birthday Luncheon. Ms. Anna Iosefo, AAFES General Manager accepts a plaque and certificate; Capt. Karen Dayle-Horsley representing the FSS/CC receives a plaque; the Tohoku Club Caterers and dining staff receive plaques and coins; and our

Base Honor Guard receives a plaque for sponsoring the birthday luncheon. Not pictured are the Focus 56 members who also contributed to the luncheon; and the 35 Medical Group Commander Col. Tellez, who accepted a plaque from us for his groups continued support of retiree health care. Many thanks to all who make being retired here at Misawa very special in deed.





# January

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
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## Inventory Reduction

# SALE

17 & 18 Jan. 2008

Misawa BX  
1 10am-6pm  
HAPPY  
NEW YEAR  
2009

2 **Book Blitz**  
Month at your  
**BookMark**  
Misawa BX

3 **10% Off**  
Selected Fitness  
Books

4 Athletic  
Wear  
Weight &  
Equipment  
**SALE**

5 Join us for  
**Story Time**  
at your  
**BookMark**

6 **New DVD**  
Release

7 **Fashion**  
markdown

8 **Sunglasses**  
**SALE**

9 **BookMark**  
PURCHASE 10 BOOKS  
GET THE 11TH  
**FREE**  
10% Off  
**Oprah Book Club**  
Books

10

11 **BX Buddy**  
Get connected with what's happening at your BX!

12 JANUARY  
**Gloaming**  
GARNET

13 **New DVD**  
Release

14

15 **Hot Tea**  
Tasting Demo  
12pm - 1pm

16 **10% OFF**  
Selected  
**FANTASY**  
BOOKS

17 **Inventory Reduction**  
**SALE**

18 **Inventory Reduction**  
**SALE**

19 **Martin Luther King Jr's**  
Birthday Observed

20 **Inauguration Day**

21 **Fashion**  
markdown

22 **SONY**  
**E-Reader**  
demo  
12pm - 1pm

23 **BookMark**  
PURCHASE 10 BOOKS  
GET THE 11TH  
**FREE**  
24 **10% Off**  
Selected  
**Romance**  
Books

24

25 **aafes.com**  
Click. Find. Save.  
more choices!  
more selection!

26 **Chinese/Lunar**  
NEW YEAR

27 **OPEN SEASON**  
get your copy today.....

28 **Military Star Card**  
Apply Today!

29 **GAME ZONE!**  
Get the latest  
in video  
games.  
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available!  
aafes.com

30 **10% Off Selected**  
Classic Books

31 **BookMark**  
PURCHASE 10 BOOKS  
GET THE 11TH  
**FREE**

## RAO Spot Light

The following article extracted from the USAF Afterburner:

(Editor's Note: There are nearly 1,800 volunteers "Still Serving" in Retiree Activities Offices worldwide. These volunteers deserve our heartfelt thanks for all they do. If you wish to shine the spotlight on a volunteer who has provided you with outstanding service, please send an e-mail to [afpc.retiree@randolph.af.mil](mailto:afpc.retiree@randolph.af.mil))

No widows/widowers are left behind at Misawa AB, Japan.

The Retiree Activity Office staff at Misawa AB offers a support program for the surviving spouses of military retirees who die. This great program ensures they are not "left behind" without life's essentials.

My first experience of this program came just after I arrived at Misawa AB when the RAO director asked me to escort an 80-year-old grandmother from Sapporo who was attending the Retiree Appreciation Day the next day. Her husband had passed away several years before and she needed an ID card. The base re-issued her ID card, then I took her to the exchange and commissary, and watched as she attacked both stores with a vengeance.

The RAO staff now publishes a newsletter in Japanese for widows/widowers, giving them pertinent information on subjects specific to their needs. One topic covers receiving annuity/survivor compensation by check versus direct deposit. When they receive a check in dollars and convert it to yen at the bank, they not only lose money in the exchange rate, but they are charged a service fee - usually a percentage of the check amount.

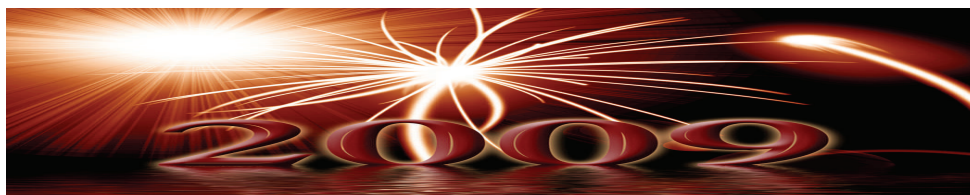
The newsletter advised them to establish a direct deposit to the USA Federal Credit Union on base and get a debit card. This card can be used at any Japanese post office to receive yen with only a 1 percent fee.

Most retiree widows/widowers are Japanese, yet the U.S. government was deducting 30 percent out of their checks for taxes. The RAO staff has submitted IRS Form W8BEN which exempts them from further tax payments. The tax treaty between Japan and the United States establishes no residency requirements for Japanese spouses to receive U.S. Social Security as there usually is for other nationalities -- normally five years.

Also, the staff worked with several insurance companies, as well as private annuity firms, to acquire significant sums of money for the surviving children of retirees. One child will receive more than \$500,000 by her 18th birthday. The RAO staff worked with the Office of Personnel Management to re-start annuity checks for a widow whose checks stopped in December 2005. This widow is receiving annuity checks again, plus received retroactive payments to 2005.

Retired Chief Master Sgts. Herman Tinnirella and David Barton exhibit the highest degree of professionalism/humanism I have seen throughout the Pacific. They certainly have gone above and beyond "service before self."

Retired Maj. Dave Whitford  
Area XIV Representative for the Air Force Retiree Council







## Catch 62 Revisited

Jerry Westfall turned 71 earlier this year. From June 18, 1956, to July 1, 1976, he served in the Air Force. He also served another 18 years as a civilian employee with the Navy. Westfall retired in 1993 with 38 years of government service, exercising his right to waive his military retirement benefit and combine his two careers into one retirement under the Civil Service Retirement System (CSRS).

Unfortunately, that has meant that for the past nine years, he has been receiving his CSRS retirement benefit without getting credit for his 20 years of military service. He figures that has cost him \$132,000 in benefits.

Westfall is in this predicament because a series of miscommunications resulted in his not understanding the ramifications of paying a deposit into his retirement account to enable him to receive credit for his military service. That meant that after he qualified for Social Security at age 62, his CSRS benefit no longer included credit for military service. The waiver of his military retirement was permanent, and it ended up costing him 55 percent of his retirement benefit. He was a tragic victim of what's known as a Catch-62.

Westfall is not alone. With a quick Internet search, I found at least 20 other military retirees who had similar experiences. I requested figures from the Office of Personnel Management on exactly how many people are in this situation, but was told they don't keep such statistics. But I meet people in retirement

seminars every week who have not figured out why they should pay the military deposit.

### Source of Confusion

In addition to last year's column, I've written several others related to the issue of service credit deposits:

- Service Interruption (March 16, 2007)
- Mixing Civilian and Military Retirement (June 30, 2006)
- Military Service Payback (February 24, 2006)

Under the newer Federal Employees Retirement System, the rules are clear: If you pay the deposit, you get credit for your military service. If you don't, you get no credit — period.

But under CSRS, military service is creditable without a deposit — until the retiree qualifies for Social Security. To make matters worse, many veterans are told one or more of the following:

Not paying the deposit will affect your Social Security benefits, not your CSRS retirement.

If you have only two or three years of military service, the deposit isn't that important.

The slight reduction to your CSRS benefit will be made up by applying for Social Security.

If you don't apply for Social Security, you won't be affected.

All those statements are wrong, and I've heard variations of them from agencies across the federal government.

### Compare the Estimates



You might wonder what Westfall has done to address his predicament. Here's a rundown:

In 1999, he filed an appeal of the reduction in his benefits with the Merit Systems Protection Board. He lost. The judge noted that Westfall admitted that he did not make the deposit on time even though he was given an opportunity to do so.

Later that year, he filed a petition for a review of the judge's initial decision. No new evidence was presented, so his request was denied.

Westfall hired an attorney and once again filed a petition in March 2000 to request reconsideration. On December 12, 2000, that request was denied.

Now Westfall has been told that his only other recourse is the U.S. Supreme Court. But he doesn't have enough money to file any more appeals.

Westfall says he was never shown what the dollar amount of his retirement would be after he turned 62 if he did not make a service credit deposit. By providing him retirement estimates with and without his military service included, his retirement counselor could have made it clear that the deposit was a major consid-

eration. Instead, Westfall thought his Social Security benefit would make up the difference.

The sad part is that Westfall made the decision to pay a deposit to cover a period of civilian service for which he had previously received a refund. He never was counseled that the military deposit was much more important to his retirement. Neglecting the civilian redeposit would have had only a minor impact.

I've been trying to help people understand the Catch-62 since I worked at the FBI in the 1980s. You'd think that after more than 20 years this issue wouldn't keep coming up. But just when I think it has been addressed, I meet someone who doesn't have a clue about the situation. But I haven't given up.

*(Source: Summarized from a Government Executive.com article by Tammy Flanagan, September 5, 2008)*

*(Tammy Flanagan is the senior benefits director for the National Institute of Transition Planning Inc., which conducts federal retirement planning workshops and seminars. She has spent 25 years helping federal employees take charge of their retirement by understanding their benefits.)*





## Health Insurance

Allow me to take a few minutes of your time to address health insurance. Here in Japan, Medicare Part B will not reimburse any medical costs received in the overseas area. However, you may want to consider enrolling in Part B for several reasons. Most importantly, if you are not enrolled in Part B you will not be eligible for TRICARE for Life. This in turn means that unless you have other insurance, preferably Japanese National Health Insurance if you are non-SOFA, you will be responsible for the entire cost of any medical treatment you receive outside of the 35 FW Medical Group or other military treatment facilities. Fur-

ther, if you are referred to a civilian medical facility in the United States or its territories you again will be responsible for the entire cost. Enrollment in Part B insures that you can remain in TRICARE and also medical procedures received in the US will be covered. In fact in the US your costs will be minimal to zero for most procedures. Here in Japan Part B will allow you to be covered under TRICARE for Life, which means that you remain eligible for reimbursement under TRICARE Standard guidelines. You should enroll in Part B about three months prior to your 65<sup>th</sup> birthday even if you are not applying for Social Security.

Failure to enroll at that time could result in much higher costs as there is a late fee of 10% for each year after 65 that you do not enroll.

I mentioned Japanese National Health Insurance above. If you are non-SOFA and a resident of Japan (long term visa/permanent) you should seriously consider enrolling in the national health plan. The plan covers both medical and dental procedures. Co-pays in most cases will be 30% if under age 70, and 10% if age 70 or over. Costs are based on income and your US retired pay and social security are not considered taxable in Japan if you are not a Japa-

nese citizen and therefore your cost will be very reasonable. If you are enrolled in Japanese National Health Insurance, you can use your Japanese insurance to pay for medical procedures that the 35<sup>th</sup> MDG refers you to. You will be required to pay your co-pay upon release or completion of the procedures. You can then take your receipts to the medical group for possible TRICARE reimbursement as the second payer.

If you have questions or need assistance on Medicare Part B or the Japanese National Health Insurance program please contact the RAQ. (RAQ/Chief "T")

# Happy New Year!



35th FW/CVR  
Unit 5021  
APO AP 96319-5021  
Phone: 011-81-3117-66-4428/5675  
DSN: (315) 226-4428/5675



35th Fighter Wing  
Misawa Air Base, Japan

## 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. If you are unable to contact the RAO in an emergency, you may contact the Casualty Assistance Representative in the Airman & Family Readiness Center, 226-4735 or from off base, 64-4735. Japanese Nationals requiring assistance, who may have limited English language skills, contact MSgt (Ret) Joe Roginski, 222-7090 or from off base, 63-7090.

## WE'RE ON THE WEB!

[HTTP://MISAWARAO.ORG](http://MISAWARAO.ORG)



Lodging Front Desk: 222-1182  
Command Post: 226-9899  
Law Enforcement: 226-3600  
Emergency Room: Non-Urgent- 226-6647  
Emergency- 911 / Off Base 53-1911

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 (Kichi Cab): 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.

MISCELLANEOUS NUMBERS

**Misawa Military Retirees Association meets bi-monthly on the first Tuesday, of even months, at 1700 hours, in the Tohoku Enlisted Club's Gray Room. 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



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 35 FW. 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: