



JEFFERSON BARRACKS SATELLITE RETIREE ACTIVITIES OFFICE NEWSWIRE November 2009

The staff of the Jefferson Barracks Satellite Retiree Activities Office publishes this NEWSWIRE. This publication is designed to directly inform all military retirees, spouses, widows, widowers and their families of changes to their benefits, the status of current legislation impacting their retirement, health related information and of activities at Scott AFB and Jefferson Barracks AFS.

SCHEDULE OF EVENTS FOR NOVEMBER

11 Nov Wednesday--- Monthly luncheon will be at the Applebees Restaurant 1110 Big Bill Rd, Arnold, MO (636) 282-1550. Remember the lunch is **free**. Tony Cosentino has made arrangements to reserve a separate area for us, which the restaurant doesn't normally accommodate. So if you are planning to attend **please be there by 1045 Hrs**. For more info contact Tony Cosentino 314

12 Nov Thursday—1300 Hours, Scott RAO monthly council meeting: Located at 215 Heritage Drive, Building P-10, Room A-209. The meeting includes reports from committee chairmen and other directors generally related to Scott AFB activities and services. Updated reports from the Lambert/ St. Louis RAO and the Jefferson Barracks Satellite Retiree Activities Office (JBSRAO) are part of the meeting agenda.

7 December Monday--- **Pearl Harbor Day Remembrance** breakfast to be held at the Denny's Restaurant at 0800 Hours in Arnold, MO.

Good Eats for Veterans

Source: National Association of Uniformed Services Weekly Update

Continuing a long tradition, two previous sponsoring restaurant corporations and one new one will be offering active duty, retired military and all veterans a chance at some good free food during the Veterans' Day period.

McCormick and Schmicks Seafood Restaurants kicks things off on Sunday November 8 with their tribute to veterans. Click on their [website](#) for more details. They recommend you make reservations ahead of time.

Applebees Restaurants is a new addition to the list. They will be honoring veterans on Veterans Day, November 11 at all of their participating restaurants. They have a nice selection from six different entrees. For more information go to their [website](#) .

Finally Golden Corral Restaurants will be having their 9th Annual "Appreciation Dinner" on Monday November 16 from 5-9 pm. For more information go to their [website](#)

Veterans' Homecoming in Branson

Branson, Mo. will once again honor America's veterans, service members, and their families during its "Branson's Veterans Homecoming Week" Nov. 5 - Nov. 11. From the opening ceremonies on November 5 for the "Traveling Vietnam Veterans Memorial Wall" at the Laurence Welk Theater through the [76th Annual Veterans Day Parade](#) and closing ceremonies on November 11, Branson's Veterans Homecoming Week is billed as the nation's largest Veterans Day celebration. Dozens of special events take place throughout the week for veterans and their families. For more information, call the Branson Tourism Center at 800-785-1550 or visit the Branson [website](#).

Improved Security Changes for the myPay User

Coming later this fall, DFAS will implement new myPay access requirements to increase the security of user information. This change will require you to establish a new user name (login ID) and password.

Customized login IDs and passwords will allow you more flexibility and opportunities to increase the security of your personal information.

When logging into myPay the first time following implementation of the new security enhancements, you will be allowed to use your existing login ID and PIN and will be prompted to change your login credentials.

New login IDs will require six to 129 alphanumeric characters that will be unique to one user only. If you attempt to create a login ID that has already been established you will be prompted to create a different login ID. Help screens will contain the login ID requirements.

You will be required to establish a password to accompany your customized login ID. Passwords must be no less than eight and no more than 15 characters. Help screens will contain the password requirements.

If you have established a Restricted Access PIN, you will also be prompted to establish a limited access login ID and password using the same requirements.

Use of the myPay interactive voice response system, which allows telephone access to certain pay information, may still be entered using the Social Security number and myPay PIN.

While this security enhancement is intended to help keep your information secure and prevent unauthorized access to pay accounts, DFAS encourages you to take appropriate actions to keep your login IDs and passwords private. This can include storing them in a lockable and secure place, memorizing them and destroying any written record, and not sharing them with anyone.

Questions regarding this myPay change may be directed to the Centralized Customer Support Unit toll free at 1-888-DFAS411 or 1-888-332-7411, commercial (216) 522-5096, Defense Switching Network (DSN) 580-5096

Senate Punts on Medicare/TRICARE Fix - For Now

Source: Military Officers Association of America -Legislative Update

Despite a strong push from MOAA, the American Medical Association and others, the Senate failed to muster enough votes this week to repeal the flawed statutory formula that will impose a 21% cut in Medicare and TRICARE payments to doctors this coming January unless the law is changed.

Earlier this week on Oct 20, MOAA President VADM Norb Ryan Jr. (USN-Ret) was one of three major association leaders invited by Sen. Debbie Stabenow (D-MI) to speak at a press conference to highlight the importance of passing Stabenow's "Medicare Physician Fairness Act" (S. 1776) to protect against repeated cuts in 2010 and subsequent years.

"The current flawed formula for Medicare doctor payments puts every military beneficiary at risk, because military TRICARE payments are tied to Medicare's," said Ryan, [speaking at the press conference in the U.S. Capitol building](#).

"Access to health care already is the single biggest problem for military beneficiaries of all ages," Ryan asserted. "The 21% cut to Medicare and TRICARE payments called for under current law would make that problem exponentially worse by causing large numbers of doctors to stop seeing elderly and military patients. The last thing troops in combat should have to worry about is whether their sick spouse or child can find a doctor to treat them."

Ryan said MOAA members already had generated more than 16,000 messages in the space of four days urging their legislators to support Stabenow's legislation.

Stabenow said she introduced her bill to get Congress "to rethink how we look at physician care and physician payments." She said Congress has acted to stop such cuts seven times in the past, but most have only been one-year fixes that necessitated reversing even bigger cuts the following year. "We need to stop the band-aid approach, be honest about [future budgets], and lay a foundation for real physician payment reform."

"I want to thank the Military Officers Association of America for their strong support," said Dr. J. James Rohack, President of the American Medical Association, "to preserve access and choice for seniors and military beneficiaries, now and in the future. Current law requires not only a 21% payment cut in 2010, but also a cumulative 40% cut over the next six years. With millions of baby boomers coming into Medicare eligibility in the next two years, we must repeal this broken formula."

Ryan signed MOAA letters to every senator on October 20, urging them to vote for S. 1776, but the vote failed after several senators expressed concern about how to pay for the bill, which would cost \$250 billion over the next 10 years.

After the failed vote, Senate leaders pledged to find a way to approve and fund at least a one-year fix before the end of December to ensure the 21% cut in Medicare and TRICARE payments won't go into effect.

The problem with this approach is that current law requires compounding annual cuts - forcing a 26% payment cut in January 2011 - so putting off a permanent fix only increases the cost of doing that later.

Medicare Part B Premium Relief Coming

Source: Military Officer Association of America- Legislative Update

As the potential implications sink in concerning the absence of any 2010 Social Security COLA, House leaders have rushed to pass legislation to prevent some unintended consequences for certain groups of Medicare enrollees.

A special law protects most Medicare enrollees from seeing any Part B premium increase in the event that there's no COLA for Social Security. Without that protection, a Part B hike would result in a net reduction of the person's Social Security check as of January 2010.

But the premium increase exemption doesn't apply to about 25% of Medicare recipients, including those who will newly qualify for Medicare, low-income seniors who qualify for both Medicare and Medicaid, and those with incomes above \$85,000 (\$170,000 for a married couple) who already are subject to "means-tested" (higher) Part B premiums.

An additional wrinkle in the law requires disproportional Part B premium increases for that 25% to help make up for the loss of revenue from the 75% who are protected from the premium hike. In this particular case, the Congressional Budget Office says those who aren't exempt would experience about four times the normal increase - a serious political hot potato.

So House leaders rushed to pass legislation on Thursday (by a vote of 406 to 18) to bar any 2010 Part B premium increase for any Medicare beneficiaries. The Senate is expected to follow suit quickly -- and likely will have done so by the time you read this update.

VA Staffs Office for Survivors of Veterans

To strengthen the Department of Veterans Affairs programs for survivors of the nation's veterans and servicemembers, VA officials have staffed an office to serve as the their advocate, with a charter that includes creating or modifying programs, benefits and services.

"Taking care of survivors is as essential as taking care of our veterans and military personnel," Secretary of Veterans Affairs Eric K. Shinseki said. "By taking care of survivors, we are honoring a commitment made to our veterans and military members."

The office serves as the primary adviser to the secretary on all issues affecting the survivors and dependents of deceased veterans and servicemembers. It will monitor VA's delivery of benefits to survivors, make appropriate referrals to VA offices for survivors seeking benefits, and explore innovative ways of reaching survivors who are not receiving the VA benefits for which they are eligible.

VA benefits for eligible survivors include educational assistance, home-loan guaranties, health-care insurance, and dependency and indemnity compensation. Known as DIC, this is a monthly payment to the survivors of some people who die on active duty and some seriously disabled veterans.

More than 554,000 spouses, dependents and other survivors of veterans are receiving VA benefits. That figure includes nearly 5,000 spouses of World War I veterans, 90 spouses and 94 children of Spanish-American War veterans, and two children of Civil War veterans.

The establishment of this office was authorized in the Veterans Benefits Improvement Act of 2008. For more information, call 800-827-1000 or visit the [VA Web site](#). (Courtesy of VA News Service)

Warning about Prescription Drug Telephone Scam

The Department of Veterans Affairs (VA) is warning veterans not to give any personal information, especially credit card numbers, over the phone to callers claiming to represent the VA.

Service groups have informed the VA that there have been several instances of callers saying that they are representing the VA and asking for the veteran's credit card number to update information, based on a new VA prescription policy.

Gerald Cross, VA's undersecretary for health, said, "VA has not changed its processes for dispensing prescription medication, nor has VA changed its long-standing commitment to protect the personal information of this nation's veterans."

If you have any questions or wish to report an incident of misrepresentation, please contact the nearest VA medical center or call 1-877-222-8387.

Cell Phone Numbers Go Public this month.

All cell phone numbers are being released to telemarketing companies and you will start to receive sales calls.

... YOU WILL BE CHARGED FOR THESE CALLS

To prevent this, call the following number from your cell phone: **888-382-1222**.

It is the National DO NOT CALL list. It will only take a minute of your time. It blocks your number for five (5) years. You must call from the cell phone number you want to have blocked. You cannot call from a different phone number.

HELP OTHERS BY PASSING THIS ON .. It takes about 20 seconds.

Know the Difference between Cold and H1N1 Flu Symptoms

We thought the following information might be helpful since we are hearing so much about the flu.

Symptom	Cold	H1N1 Flu
Fever	Fever is rare with a cold.	Fever is usually present with the flu in up to 80% of all flu cases. A temperature of 100°F or higher for 3 to 4 days is associated with the flu.
Coughing	A hacking, productive (mucus-producing) cough is often present with a cold.	A non-productive (non-mucus producing) cough is usually present with the flu (sometimes referred to as dry cough).
Aches	Slight body aches and pains can be part of a cold.	Severe aches and pains are common with the flu.
Stuffy Nose	Stuffy nose is commonly present with a cold and typically resolves spontaneously within a week.	Stuffy nose is not commonly present with the flu.
Chills	Chills are uncommon with a cold.	60% of people who have the flu experience chills.
Tiredness	Tiredness is fairly mild with a cold.	Tiredness is moderate to severe with the flu.
Sneezing	Sneezing is commonly present with a cold.	Sneezing is not common with the flu.
Sudden Symptoms	Cold symptoms tend to develop over a few days.	The flu has a rapid onset within 3-6 hours. The flu hits hard and includes sudden symptoms like high fever, aches and pains.
Headache	A headache is fairly uncommon with a cold.	A headache is very common with the flu, present in 80% of flu cases.
Sore Throat	Sore throat is commonly present with a cold.	Sore throat is not commonly present with the flu.
Chest Discomfort	Chest discomfort is mild to moderate with a cold.	Chest discomfort is often severe with the flu.

Vegetable Juice Aided In Dietary Support For Weight Loss And Lower Blood Pressure

Source: Emily Jane Watt Weber Shandwick Worldwide

Decades of studies have documented the link between eating a diet rich in vegetables and multiple health benefits, yet nearly eight out of 10 people worldwide fall short of the daily recommendation. Research presented at the International Symposium on Human Health Effects of Fruits and Vegetables suggests the best approach may be to focus on the factors that are often behind this vegetable gap: convenience and enjoyment.

Two studies presented at the symposium found that the addition of vegetable juice in people's diets was a successful strategy to help them reach the vegetable guidelines (at least 4 servings per day). In fact, the addition of a portable drink, such as V8® 100% vegetable juice, was more successful than an approach that focused solely on nutrition education, or offering dietary counseling on ways to increase vegetable intake.

Researchers at the University of California-Davis conducted a 12-week study among adults ages 40-65 years. All of the people in the study who drank at least two cups of vegetable juice met daily vegetable recommendations, yet only seven percent of the non-juice drinkers met the goal. The participants in the study with borderline high blood pressure who drank one to two servings of V8 juice lowered their blood pressure significantly.

According to the research, the vegetable juice drinkers said they enjoyed the juice and felt like they were doing

something good for themselves by drinking it.

"Enjoyment is so critical to developing eating habits you can stick with for the long-term," said study co-author Carl Keen, PhD, Professor of Nutrition and Internal Medicine at the University of California-Davis. "Health and nutrition professionals must help people find simple ways for people to get their vegetables or they simply won't do it, and that means they won't reap the benefits of a vegetable-rich diet. Vegetable juice is something that people enjoy, plus it's convenient and portable, which makes it simple to drink every day."

Research conducted at the Baylor College of Medicine revealed that drinking vegetable juice helped overweight individuals with metabolic syndrome lose more weight compared to non-juice drinkers. In the study, participants who drank one to two servings of Low Sodium V8® 100% vegetable juice a day as part of a balanced diet increased their vegetable intake and lost an average of four pounds over the 12-week study period. Those who did not drink juice lost only one pound.

Metabolic syndrome is a cluster of risk factors for heart disease and diabetes that includes excess body fat in the midsection, high blood pressure, high blood sugar and elevated blood cholesterol.

"Heart disease and obesity are two major global health issues today, so if we can provide people with actionable, small steps in reducing risk factors, that's a big win in promoting good health" said study co-author John Foreyt, PhD, Director of the Behavioral Medicine Research Center at Baylor College of Medicine. "We're encouraged to see that something as easy as drinking vegetable juice can help people increase their vegetable intake and have significant health benefits."

About the Studies:

Both studies were randomized controlled trials, each lasting 12 weeks. The University of California-Davis study involved 90 healthy adults, ages 40-65 years. The Baylor study enrolled 81 adults (83.5% of whom were minority) with metabolic syndrome risk factors. The studies were supported in part by Campbell Soup Company and by resources provided from University of California-Davis and Baylor College of Medicine.

10 Commandments of Food Safety

Source: EatingWell, EatingWell.com

Every year 76 million Americans get sick from food, according to the Centers for Disease Control. Nothing you can do will ever guarantee 100 percent protection against food-borne illness, but there are some simple precautions that help to reduce your risk. Below are our "10 Commandments of Food Safety"—basically the advice that we keep hearing again and again from food-safety experts. How many do you follow?

1. Use a "refrigerator thermometer" to keep your food stored at a safe temperature (below 40 degrees Fahrenheit).

Cold temperatures slow the growth of bacteria. Ensuring that your refrigerator temperature stays at 40 degrees Fahrenheit or colder is one of the most effective ways to reduce your risk of food-borne illness. You can buy a "refrigerator/freezer thermometer" at appliance stores, home centers (e.g., Home Depot) and kitchen stores—including online ones, such as cooking.com.

2. Defrost food in the refrigerator, the microwave or in cold water, never on the counter.

Perishable foods should never be thawed on the counter for longer than two hours because, while the center of the food may remain frozen, the outer surface may enter the Danger Zone, the range of temperatures between 40 and 140 degrees Fahrenheit, in which bacteria multiply rapidly. If you're short on time, use the microwave—or you can thaw meat and poultry in airtight packaging in cold water. Change the water every half hour (so it stays cold) and use the thawed food immediately.

3. Always use separate cutting boards for raw meat/poultry/fish and produce/cooked foods.

Bacteria from uncooked meat, poultry and fish can contaminate cooked foods and fresh produce. An important way to reduce this risk is to use separate cutting boards for raw meat/poultry/fish and produce/cooked foods.

4. Always cook meat to proper temperatures, using a calibrated instant-read thermometer to make sure.

One effective way to prevent illness is to use a food thermometer to check the internal temperature of meat, poultry and egg dishes. The USDA Recommended Safe Minimum Internal Temperatures are as follows: beef, veal and lamb (steaks and roasts), fish, 145 degrees Fahrenheit; pork and ground beef, 160 degrees Fahrenheit; poultry, 165 degrees Fahrenheit. In the EatingWell Test Kitchen we often recommend cooking meats like roasts and steaks to lower temperatures, closer to medium-rare, so that they retain their moisture. However, we recommend that those who are at high risk for developing food-borne illness—pregnant women and their unborn babies and newborns, young children, older adults, people with weakened immune systems or certain chronic illnesses—follow the USDA guidelines.

5. Avoid unpasteurized ("raw") milk and cheeses made from unpasteurized milk that are aged less than 60 days.

Raw milk is milk from cows, sheep or goats that has not been pasteurized (heated to a very high temperature for a specific length of time) to kill harmful bacteria that may be present. These bacteria—which include salmonella, E. coli and listeria—can cause serious illness and sometimes even death. The bacteria in raw milk can be especially dangerous to pregnant women, children, the elderly and people with weakened immune systems. Raw-milk cheeses aged 60 days or longer are OK, since the salt and acidity of the cheese making process make for a hostile environment to pathogens.

6. Never eat "runny" eggs or foods, such as cookie dough, that contain raw eggs.

Even eggs that have clean, intact shells may be contaminated with salmonella, so it's important to cook eggs thoroughly until both the yolk and the white are firm. Casseroles and other dishes containing eggs should be cooked to 160 degrees Fahrenheit (use an instant-read food thermometer to check). In the EatingWell Test Kitchen, we don't always recommend cooking eggs fully. However, we recommend that those who are at high risk for developing food borne illness—pregnant women and their unborn babies and newborns, young children, older adults, people with weakened immune systems or certain chronic illnesses—follow the USDA guidelines. If you can't resist runny eggs—or sampling cookie batter—use pasteurized eggs. They're found near other eggs in large supermarkets.

7. Always wash your hands in warm soapy water for at least 20 seconds before handling food and after touching raw meat, poultry or eggs.

You can pick up a lot of bacteria out in the world, so it's important to always wash your hands before you eat or prepare food. You should also wash your hands after touching any uncooked meat, poultry and fish or eggs, as bacteria from these foods can contaminate cooked foods and fresh produce. Use soap and warm water and wash thoroughly—for at least 20 seconds.

8. Always heat leftover foods to 165 degrees Fahrenheit.

The USDA recommends heating all cooked leftovers to 165 degrees Fahrenheit in order to kill all potentially dangerous bacteria.

9. Never eat meat, poultry, eggs or sliced fresh fruits and vegetables that have been left out for more than two hours (one hour in temperatures hotter than 90 degrees Fahrenheit).

If you leave perishable foods out of the refrigerator or freezer for more than two hours they may enter the Danger Zone—the unsafe temperatures between 40 and 140 degrees Fahrenheit, in which bacteria multiply rapidly.

10. Whenever there's a food recall, check products stored at home to make sure they are safe.

You should discard any food that's been recalled because it's associated with the outbreak of a food-borne illness. But according to a survey conducted by Rutgers University during the fall of 2008, only about 60 percent of Americans search their homes for foods that have been recalled because of contamination.

For more information on food recalls, visit www.recalls.gov.

“If the freedom of speech is taken away then dumb and silent we may be led, like sheep to the slaughter.”

-George Washington-

Note to Our Readers: The Newswire will at times provide links to web sites for additional information. To our readers who receive the Newswire via the U.S. Postal Service, you are not getting full use of this publication. We strongly recommend that you have the Newswire sent to you via e-mail. For those readers who do not have Internet access you can come visit us at Building 65 Jefferson Barracks. We would be happy to download and print a copy of any information that you may need. See our office hours at the end of this publication. Your local library also has computers for patrons to gain access to the Internet.

STILL SERVING

73, Jerry

Gerald B Hansen, CMSGT, USAF, (Ret)
Director, JBSRAO

Robert W. Julius, SMSgt, USAF, (Ret)
Newswire Editor

Contact Us:

JBSRAO

Telephone: 314 527-8212
E-mail: jb-retireesoffice@mostlo.af.mil
Address JBSRAO, One Grant Rd
St. Louis, MO 63125

Scott RAO

Telephone: 618 256-5092
E-mail: scottrao@scott.af.mil
Address: 375 AW/CVR
215 Heritage Dr
Scott AFB, IL 62225-5009

Office hours are 0900 to 1200 hours Tuesday and Thursday.
On the 2nd and 3rd Thursdays the office will be closed at 1100 Hrs for the staff to attend Scott Retiree Council meeting and monthly luncheon.

Office Hours are 0900-1500 Hrs Monday - Friday

NEWSWIRE NOVEMBER 2009

Disclaimer: Information and views expressed in the Newswire may not reflect the practices and policies of some Government Agencies. Every effort is made to verify information provided in this publication, the SRAO staff couldn't guarantee the accuracy of this furnished by other agencies.