



NEWSWIRE

JANUARY 2021

The Volunteer staff of the Jefferson Barracks Satellite Retiree Activities Office publishes this NEWSWIRE to 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, defense policies and other matters affecting their military rights, benefits and other obligations. It contains information about Scott AFB; Jefferson Barracks AFS and the local retired community.

FROM THE DIRECTOR

Happy New Year and the office staff hope to find you, your family, and friends in good health and that 2021 will be an improvement over 2020.

The office is open and ready to serve. Someone is available Tuesday, Wednesday, and Thursdays 9 AM until 12 noon. Our phone number is 314 527 8212.

Unfortunately we will have to continue not having our monthly Thursday Luncheons due to the Corona virus. Hopefully it is not long until we can break bread together.

The ID Section (DEERS), located in Building 24, is now open Tuesday – Friday 9AM-1200PM and 1PM-3PM by appointment only. Call 314 416 6619.

The US Secretary of the Interior announced on October 28 2020 that Gold star Families along with veterans will be granted free admittance to all national Park systems from November 11 2020 and every day onward. Get out and enjoy your national park system.

Commissary Surcharge: Is the Commissary Surcharge Going to Increase?

Source: <https://retireenews.org>; November 30, 2020

There's good news and bad news. First, the good news is that the surcharge is definitely not going up. And in case you don't believe me, here's a quote straight from the commissary headquarters: Kevin Robinson, a commissary spokesperson, told us, "It would take a change in law to raise the commissary surcharge and, to date, no legislation has been proposed to do so." The commissary surcharge has long been set at 5%. You'll find it noted at the end of your commissary receipt, and it is calculated on your total purchase amount before coupons are deducted. Revenue from the surcharge pays for commissary construction and infrastructure updates.

There is, however a relatively recent additional fee for some shoppers using debit or credit cards. Service connected disabled veterans rated below 100%, Purple Heart recipients and their caregivers registered with the VA's caregiver program are authorized access to the commissary starting Jan.1, 2020. But when adding those users to the system, DeCA also added a credit and debit card fees for those users. For credit cards the fee is 1.9% and for debit card use a 0.5% fee. These don't come into play if you pay with cash, check or the Military Star card.

DoD Security: Russian Malware Evades U.S. Detection Systems since March

Source: *The Washington Post*: by Craig Timberg & Ellen Nakashima

On Dec. 13, it was reported that Russian government hackers breached U.S. government agencies as part of a global espionage campaign that stretches back months.

When Russian hackers first slipped their digital Trojan horses into federal government computer systems, probably sometime in the spring, they sat dormant for days, doing nothing but hiding. Then the malicious code sprang into action and began communicating with the outside world. At that moment — when the Russian malware began sending transmissions from federal servers to command-and-control computers operated by the hackers — an opportunity for detection arose, much as human spies behind enemy lines are particularly vulnerable when they radio home to report what they've found.

Why then, when computer networks at the State Department and other federal agencies started signaling to Russian servers, did nobody in the U.S. government notice that something odd was afoot? The answer is part Russian skill, part federal government blind spot. The Russians, whose operation was discovered this month by a cybersecurity firm that they hacked, were good. After initiating the hacks by corrupting patches of widely used network monitoring software, the hackers hid well, wiped away their tracks and communicated through IP addresses in the United States rather than ones in, say, Moscow to minimize suspicions. The hackers also shrewdly used novel bits of malicious code that apparently evaded the U.S. government's multibillion-dollar detection system, Einstein, which focuses on finding new uses of known malware and also detecting connections to parts of the Internet used in previous hacks.

But Einstein, operated by the Department of Homeland Security's Cybersecurity and Infrastructure Security Agency (CISA), was not equipped to find novel malware or Internet connections, despite a 2018 report from the Government Accountability Office suggesting that building such capability might be a wise investment. Some private cybersecurity firms do this type of "hunting" for suspicious communications — maybe an IP address to which a server has never before connected — but Einstein doesn't. "It's fair to say that Einstein wasn't designed properly," said Thomas Bossert, a top cybersecurity official in both the George W. Bush and Trump administrations. "But that's a management failure."

CISA spokeswoman Sara Sendek said the breaches stretch back to March 2020 and were not caught by any intrusion detection or prevention system. As soon as CISA received indicators of the activity it loaded them into Einstein to help identify breaches on agency networks, Sendek said. CISA is providing technical assistance to affected agencies, she said. Russia has denied involvement in the intrusions. The federal government has invested heavily in securing its myriad computers, especially since the extent of the devastating Chinese hack of the Office of Personnel Management was discovered in 2015, when more than 20 million federal employees and others had their personal information, including Social Security numbers, compromised.

But this year's months-long hack of federal networks, discovered in recent days, has revealed new weaknesses and underscored some previously known ones, including the federal government's reliance on widely used commercial software that provides potential attack vectors for nation-state hackers. The FBI and DHS are investigating the scope and nature of the breaches, which intelligence officials believe were carried out by the Russian Foreign Intelligence Service (SVR). Sen. Richard Blumenthal [D-CT] on 15 DEC publicly acknowledged as much, tweeting that the Senate received a "classified briefing on Russia's cyberattack [that] left me deeply alarmed, in fact downright scared."

The Russians reportedly found their way into federal systems by first hacking SolarWinds, a Texas-based maker of network-monitoring software, and then slipped the malware into automatic updates that network administrators, in the federal government and elsewhere, routinely install to keep their systems current. The company reported that nearly 18,000 of its customers may have been affected worldwide. More broadly, the hack highlighted the struggles of the government's network-monitoring systems to detect threats delivered through newly written malicious code communicating to servers not previously affiliated with known

cyberattacks. This is something advanced nation-state hackers, including from Russia, sometimes do — presumably because it makes intrusions harder to detect.

The full scope of the hack remains unknown, though it's already clear that a growing number of agencies have been penetrated, including the departments of State, Treasury, Homeland Security and Commerce, and the National Institutes of Health. They are among victims that include consulting, technology, telecom, and oil and gas companies in North America, Europe, Asia and the Middle East. The Pentagon was assessing 15 DEC whether there had been intrusions at the sprawling department and if so what impact they may have had, a spokesman said.

Emails were one target of the hackers, officials said. Though it's not yet clear what the Russians may be intending to do with the information, their victims, including a variety of State Department bureaus, suggest a range of motives. At State, they may want to know what policymakers' plans are with respect to regions and issues that affect Russia's strategic interests. At Treasury, they may have sought insights into potential Russian targets of U.S. sanctions. At NIH, they may be interested in information related to coronavirus vaccine research.

As the investigative work continues, some lawmakers are focused on probing why and how federal cybersecurity efforts have fallen short despite years of damaging hacks by Russian and Chinese spies and major federal investments in defensive technologies. Einstein, which was developed by DHS and is now operated by CISA, was supposed to be a backbone of federal protection of civilian agency computers, but the 2018 GAO report found significant weaknesses. The capability to identify any anomalies that may indicate a cybersecurity compromise" was planned for deployment by 2022, the report said. It also said that network monitoring by individual agencies is spotty.

Of 23 federal agencies surveyed, five were not monitoring inbound or outbound direct connections to outside entities, and 11 were not persistently monitoring inbound encrypted traffic. Eight were not persistently monitoring outbound encrypted traffic. "DHS spent billions of taxpayer dollars on cyber defenses and all it got in return was a lemon with a catchy name," said Sen. Ron Wyden (D-OR), a member of the Senate Intelligence Committee. "Despite warnings by government watchdogs, this administration failed to promptly deploy technology necessary to identify suspicious traffic and catch hackers using new tools and new servers."

It wasn't just this administration. Bossert, who worked on the original Einstein concept in the George W. Bush administration, said the idea was to place active sensors at an agency's Internet gateway that could recognize and neutralize malicious command-and-control traffic. "But the Bush, Obama and Trump administrations," he said, "never designed Einstein to meet its full potential." CISA officials told congressional staff on a 14 DEC call that the system did not have the capacity to flag the malware that was signaling back to its Russian masters.

The officials said federal agencies had not given CISA the information necessary to identify agency servers that should not be communicating with the outside world, said one congressional aide, who spoke on the condition of anonymity to discuss a sensitive matter. "To CISA, all internal agency computers look the same, and so Einstein only flags samples of known malware or connections to 'known bad' IP addresses," the aide said. Other cybersecurity experts say the breaches highlight the "desperate" need for a government board that can conduct a deep investigation of an incident such as that involving SolarWinds, whose corrupted patches enabled the compromises — and crucially, make the report public.

"We need people to read the report, and say, 'Oh, wow, we need to secure our [software development] pipeline," said Alex Stamos, head of the Stanford Internet Observatory, a research group. He previously was chief security officer at Facebook and Yahoo. He said there are "hundreds or thousands of companies" in this space that may have security flaws without knowing. These firms do network monitoring, IT management and log aggregation. "Enterprise IT is a \$2 trillion market," Stamos said. "There's no agency in charge of ensuring its security."

Covid-19 Headgear: Proper Mask Use & Potential Health Impact

Source: *Aging Healthy Today*

Your face mask has a dual duty: it stops you from transferring the bacteria/virus and can prevent certain bacteria/virus from entering you. The masks, however, can also cause unpleasant side effects, especially when used ignorantly. Here's what they are and how they can be avoided. Read on and don't miss these sure signs if you have the viral disease to maintain public health or others' safety.

Problem for Eyes

Wearing a face mask causes the exhaled air to meet the skin, creating an unpleasant sensation and a desire to touch the eyes. You're infecting yourself because both palms are contaminated. After contact with substances such as door handles, elevator buttons, packages, or anything where bacteria/virus live, avoid the urge to contact the face, and wash your hands with soap for a few seconds. Since our nerves are connected, it might also affect your brain.

Comfortability

Using the correct mask begins by finding the proper material. Cotton material is considered to have good ventilation and will trap less of the moisture that builds up. Make sure that it's snug, not tight. You don't want it to be so close that it affects your skin, but you want it to fit well to help stop vapor droplets from leaking or going in.

Restricted Airflow

Through the article at <https://www.bmj.com/content/369/bmj.m1435/rr-40> it is pointed out that face masks make ventilation harder. For women with COPD, a respiratory failure that causes reduced air quality, face masks are unbearable to wear because their shortness of breath worsens. Also, for each breath-hold, a portion of carbon dioxide already breathed is inhaled. These two effects improve respiratory frequency. This can exacerbate COVID-19's burden if more pollution is released by infected patients wearing gas masks, he continues. If the improved breathing forces the virus to load back into the lungs, this could also be life-threatening for infected people. You should isolate yourself away from others and drop the masks if you are suspected of having COVID-19. To discuss the next steps, contact a medical professional.

Glasses Fog Up

It dissipates into the surrounding air as you breathe heated air while wearing a mask. It appears to shoot up into your reading glasses if you ever do it wearing masks, fogging them up. Wash your glasses in soapy water and allow them to air dry. The film must prevent fogging. Another strategy is to evaluate the fit of your face mask. Positioning a folded tissue between your mouth and the mask is a simple hack, but it might give you a dry mouth if you keep the mask on for too long due to lack of oxygen. The tissue will absorb the humid water droplets, preventing them from touching your glasses. Also, make sure that the top of your mask is tight and that the bottom is loose to help steer the expiratory air away from your eyes.

A False Sense of Security

Do not think of your face mask as the cape of Superman, a kind of bullet-resistant shield which covers you from the coronavirus. In addition to the evidence-based, strong recommendations that are already in place on physical distance, regular handwashing, and regular disinfection of frequently touched surfaces, masks must be worn.

Skin Irritation

CNet reports it's best to wash your face before wearing a mask if you have skin problems. This will help avoid inflammation of the skin from where the mask rubs the face. If you have skin irritation, you may want to completely forget the makeup under your mask and cleanse your face before wearing a mask. Not to mention, your mask could also rub off by the foundation, resulting in reduced air filtration, making it more difficult to breathe.

Harmful For Some

Cloth face veils should not be used by small children under the age of 2. Also, anybody who has breathing issues, or is unconscious, debilitated, or unable to remove the mask without assistance, must not be placed on cloth face veils. According to the CDC cloth head coverings should —

- Align against the side of the mouth snugly yet comfortably,
- Ties or ear loops should be secured when worn
- Include several fabric layers
- Allow unlimited breathing
- Be washable and dryable without harm or shapeshift.

Distancing

There is a major difference in the quality and volume of expression between 2 people wearing gas masks, and they can unintentionally come closer. They might forget about social distancing while talking.

Conclusion

In the United States, surgical masks treated with nano-functional materials were shown to have a significant capacity to inactivate bacteria. It is necessary for one to understand:

- The effect on heat stress and discomfort of wearing various types of facemasks.
- The filtration efficiency is comparable among surgical and N95 face masks.
- The micro treatment impacts heat discomfort.

Acute Bronchitis: Unpleasant and Persistent Cough

Source: InformdHealth.org

In acute bronchitis, the lower airways (bronchi of the lungs) are temporarily inflamed. The inflammation is usually caused by cold viruses, so it often occurs together with other symptoms of a cold. It is also known as a chest cold. The main symptom of acute bronchitis is a cough that can be unpleasant and persistent. In people who are otherwise healthy, the illness typically clears up on its own. Complications are rare. Treatment with medication usually isn't necessary. At the most, it can help to relieve the symptoms.

Symptoms

The main symptom of acute bronchitis is a cough. This is usually a dry cough at first, but it may later develop into a phlegmy cough, where you cough up mucus (sputum). Doctors call this a "productive" cough. The color of the coughed-up mucus may change during the course of the illness – for instance, from whitish to a greenish yellow. People often cough at night, which wakes them up. Because acute bronchitis often occurs together with a cold, many people also have other symptoms such as a mild fever, a stuffy nose, a sore throat and a hoarse voice. Frequent coughing can lead to pain behind the breastbone, and it is sometimes harder to breathe. When children have a high temperature and a cough, parents often wonder whether to take them to the doctor or not. But acute bronchitis usually doesn't have to be treated with medicine. So there's nothing wrong with staying at home and waiting to see if it gets better first.

Causes

Acute bronchitis is usually caused by the same viruses that cause respiratory infections such as colds, the flu or sinusitis. In rarer cases, acute bronchitis is caused by bacteria. Other rare causes include harmful substances that have been breathed in, for instance in smoke or at the workplace (e.g. when welding without wearing a protective mask). Fungal infections may cause acute bronchitis too, but that is very rare. Viruses and bacteria can get into the bronchi in your lungs when you breathe in. There they can settle in the mucous membranes and start multiplying (grow in number). In order to fight them, your body reacts with an inflammation: The infected membranes become swollen and produce more fluids and mucus to make it easier to cough up viruses, bacteria and dead cells. When you cough, droplets of fluid containing the germs are released into the air. If other people come into contact with these droplets, they may become infected too. When germs spread in this way it is sometimes referred to as a "droplet infection."

[Return to top](#)

Prevalence and Outlook

Every year, about 5 out of 100 people in Germany go to their family doctor because of acute bronchitis, especially because of the cough. Most of them get it in the autumn or winter. Acute bronchitis usually goes away without treatment and doesn't have any lasting effects – unless the lungs were already damaged beforehand. Common cold symptoms such as a stuffy nose or fever usually get a lot better within a few days. But it might take several weeks for the cough to go away if you have acute bronchitis. It's a good idea to see your doctor if the cough lasts longer than eight weeks. If you cough up phlegm for several months, you could have chronic bronchitis. This is often triggered by smoking, and can develop into chronic obstructive pulmonary disease (COPD) over time.

Effects & Diagnosis

In people who have a weakened immune system or a chronic heart or lung condition, acute bronchitis may develop into pneumonia in rare cases. The inflammation then spreads from the mucous membranes lining the lungs to the lung tissue itself. If someone has COPD, acute bronchitis can trigger a COPD flare-up

If you go to your doctor because of a persistent cough, they will usually ask you about your symptoms and general health. The answers to these questions are often enough for the doctor to determine whether it's acute bronchitis or more likely to be something else. In the physical examination that follows, the doctor will usually feel the lymph nodes in your neck, look into your throat and ears, gently tap your sinuses, and listen to your lungs and heart with a stethoscope. He or she may also measure your temperature, pulse and blood pressure. You will be diagnosed with "acute bronchitis" if the talk with the doctor and physical examination confirm that you have the typical symptoms, and if there is no reason to believe that the symptoms are being caused by a different medical problem. It is often not necessary to see a doctor. But you should see a doctor if you have any of the following warning signs:

- A cough that lasts longer than eight weeks
- A fever that is very high or returns after going away for a while
- A cough accompanied by a feeling of being very unwell, chills and night sweats
- Blood in coughed-up mucus
- Frequent breathing difficulties and noticeable wheezing sounds when you breathe

If you have any of these symptoms, doctors will do more testing (e.g. x-rays or blood tests) to rule out more serious causes. People who have a weakened immune system or a chronic heart or lung condition may be advised to already go to the doctor if they have milder symptoms.

Prevention

People who take steps to prevent common colds will also be less likely to get acute bronchitis. As with all respiratory infections, hygiene plays an important role here: Washing your hands regularly, and trying not to touch your face with your fingers, lowers the risk of getting a common cold. In order to stop colds from spreading to other people, you can

- Cough or sneeze into your elbow, not into your hand,
- Throw away used tissues immediately,
- Avoid shaking hands and hugging or kissing people, and
- Stay at home until you are no longer contagious.

Some studies have looked into whether things like vitamin supplements, probiotics, herbal medicines or regular exercise can prevent respiratory tract infections. But it wasn't possible to draw any clear conclusions about whether these measures can lower the risk of acute bronchitis in particular.

Treatment

Acute bronchitis gets better on its own without treatment. If you feel weak and ill, it's best to take it easy for a few days. This includes not doing any sports or other strenuous physical activities. Many people find that drinking hot tea or broth has a soothing effect. But there's no scientific proof that drinking a lot more fluids than usual helps. If you go to the doctor, they may give you a sick note so that you can get enough rest at home and recover. But they won't prescribe medicine specifically for acute bronchitis. It can sometimes make sense to

take medicine such as acetaminophen (paracetamol) or ibuprofen, though, to relieve cold symptoms such as fever and pain.

There hasn't been enough research on the effectiveness of cough medicines that are designed to make you cough less (cough suppressants) or make it easier to cough up phlegm (expectorants). Because coughing has the important function of getting rid of mucus and foreign objects, cough suppressants should only be used for short amounts of time, and only for really unpleasant, dry coughs that keep you awake at night. Honey and some herbal medicines may help to relieve the cough somewhat. Because the symptoms are usually caused by viruses, antibiotics hardly help in the treatment of acute bronchitis. But they can have side effects and increase the likelihood of the bacteria becoming resistant (ineffective). So antibiotics aren't recommended as a treatment for acute bronchitis.

VA Caregiver Stipend: Primary Family Caregiver's Monthly Compensation

Source: https://www.caregiver.va.gov/support/New_CSC_Page.asp

Caregivers play an important role in the health and well-being of Veterans. The U.S. Department of Veterans Affairs (VA) offers a number of services to support Family Caregivers including a monthly stipend to Primary Family Caregivers of Veterans with moderate and severe needs. A stipend is defined as a monthly financial payment provided to a Primary Family Caregiver of an eligible Veteran.

VA bases stipend payments on the definition of "monthly stipend rate," which means the Office of Personnel Management (OPM) General Schedule (GS) Annual Rate for Grade 4, Step 1, based on the locality pay area in which the eligible Veteran resides, divided by 12. VA will apply a specific percentage of the monthly stipend rate based on the amount and degree of personal care services provided to the eligible Veteran by the Primary Family Caregiver. The amount and degree of personal care services is divided into two levels. The distinction between the two levels is based on if the Veteran is determined to be unable to self-sustain in the community.

- **Level 1:** For an eligible Veteran who is determined not to be "unable to self-sustain" in the community, the Primary Family Caregiver's stipend amount will be 62.5% of the monthly stipend rate. For example the GS rate at Grade 4, Step 1, in Dallas, Texas, for 2020 is \$33,638 annually. Thus the monthly stipend amount for a Primary Family Caregiver of an eligible Veteran in Dallas, Texas, at this rate (62.5%) of \$33,638 will be approximately \$1,751.98.
- **Level 2:** For an eligible Veteran who is determined to be unable to self-sustain in the community, the Primary Family Caregiver's stipend amount will be 100% of the monthly stipend rate. For example the GS rate at Grade 4, Step 1, in Dallas, Texas, for 2020 is \$33,638 annually. The 2020 monthly stipend amount for a Primary Family Caregiver of an eligible Veteran in Dallas, Texas, at this rate (100%) of \$33,638 will be approximately \$2,803.17.

The VHA Office of Community Care (VHA OCC) issues the recurring monthly payments and processes all updates related to the stipend. You may contact VHA OCC for information on the processing activities for the stipend benefit via the Office of Community Care toll free at 1-877-733-7927 M-F 8:00 am - 8:00 pm EST or Web: <https://www.va.gov/communitycare>

Eligibility. You may be eligible to participate in the Program of Comprehensive Assistance for Family Caregivers if you and the Veteran you're caring for meet all of the requirements listed below.

1. Eligibility requirements for the family caregiver
 - You must be at least 18 years old and at least one of these must be true for you.
 - You must be either a spouse, son, daughter, parent, stepfamily member, or extended family member of the Veteran, or Someone who lives full-time with the Veteran, or is willing to do so if designated as a family caregiver
2. Eligibility requirements for the Veteran --All of these must be true for the Veteran you're caring for:
 - The Veteran must have a VA disability rating (individual or combined) of 70% or higher. The Veteran's service-connected disabilities must have been caused or made worse by their active-duty service during one of these periods of time:

- ✓ On or after September 11, 2001, or
- ✓ On or before May 7, 1975
- And the Veteran must have been discharged from the U.S. military or have a date of medical discharge, and need at least 6 months of continuous, in-person personal care services

Caregiver Responsibilities & Benefits

To provide services the eligible Veteran needs from another person. They include care or assistance to support the Veteran's:

- Health and well-being
- Everyday personal needs (like feeding, bathing, and dressing)
- Safety, protection, or instruction in their daily living environment

The Veteran can appoint one Primary Family Caregiver (the main caregiver), and up to two Secondary Family Caregivers (people who serve as backup support to the primary caregiver when needed). Eligible Primary and Secondary Family Caregivers can receive:

- Caregiver education and training
- Mental health counseling
- Travel, lodging, and financial assistance when traveling with the Veteran to receive care

Eligible Primary Family Caregivers may also receive:

- A monthly stipend (payment)
- Access to health care benefits through the Civilian Health and Medical Program of the Department of Veterans Affairs ([CHAMPVA](#))—if you don't already qualify for care or services under another health care plan
- At least 30 days per year of respite care for the Veteran

Application. You and the Veteran will need to apply together and participate in an application process to determine if you're eligible for the Program of Comprehensive Assistance for Family Caregivers. You'll both need to sign and date the application, and answer all questions for your role. You can apply online at <https://www.va.gov/family-member-benefits/apply-for-caregiver-assistance-form-10-10cg>, by mail. Or in person. If by mail download and fill out a joint Application for the Program of Comprehensive Assistance for Family Caregivers (VA Form 10-10CG) at <https://www.va.gov/vaforms/medical/pdf/10-10CG.pdf> and mail the form and any supporting documents to:

Program of Comprehensive Assistance for Family Caregivers
 Health Eligibility Center
 2957 Clairmont Road NE, Suite 200
 Atlanta, GA 30329-1647

If applying in person bring your completed VA Form 10-10CG to your local VA medical center's Caregiver Support Coordinator. To find the name of your local coordinator, you can contact the Caregiver Support Line at 855-260-3274 or go to https://www.caregiver.va.gov/support/New_CSC_Page.asp, the VA Caregiver Support Coordinator directory. Do not send medical records along with the application. VA will follow up after the application is received. If you need assistance with completing the application or would like to check the status of your 1010CG application call 1-855-488-8440, option 3. Be sure to check back for updates or subscribe to receive email updates and information about VA Caregiver Support Program services.

VA Burial Benefits: H.R.5639 Chuck Osier Burial Benefits Act

Source: Observer-Dispatch: By Steve Howe

Bill to give burial benefits to cremated Sherrill veteran passes Congress as part of the 2021 NDAA. Air Force veteran and Sherrill native Chuck Osier was denied the same commemoration as a veteran traditionally buried because he was cremated. Legislation that has passed both chambers of Congress will change that. When Osier died in 2015, his wife, Donna, received paperwork from the funeral director to request a burial marker or medallion from the Department of Veterans Affairs. Osier submitted the form for her late husband,

who was cremated and placed in an urn as he wished. She'd hoped to get a medallion to go with his flag, to be placed in a shadow box and given to their son.

After she received a letter from the secretary of Veterans Affairs that said her husband couldn't be honored with a medallion or plaque since he was cremated, Osier said she stewed over it for weeks. She couldn't understand why the VA wouldn't honor Chuck, an honorably discharged veteran who served during the Vietnam War. So she made a vow to her husband of 33 years. "I made Chuck a promise after I received that letter," Osier said. "And I promised him I was going to fix this, no matter what it took or how long it took."

More than five years later, the relevant language of the Chuck Osier Burial Benefits Act has been included in a larger veterans' health and benefits act, which has passed both chambers of Congress. The legislation will require the VA to provide an urn or commemorative plaque for veterans who don't receive a headstone or burial marker. Those eligible would include any member of the armed forces who served in the U.S. military from April 6, 1917, to the present and was cremated, but not interred in a cemetery. The inclusion of the act inspired by Donna Osier's advocacy was made by U.S. Rep. Anthony Brindisi, (D-Utica), but the timeline dates back to shortly after Chuck Osier's death in March 2015 at 64 years old.

When Osier received the letter from the VA telling her that her husband would not receive any commemoration, she reached out to the late former Congressman Richard Hanna on the next Memorial Day. "It just didn't make sense to me that an honorably discharged veteran was denied the final thank you from the country," Osier said. "He was entitled to this." It wasn't just Osier's husband who had been denied, either. Her father was a Korean War veteran, and her brother was a retired senior chief petty officer in the Navy. Both were cremated when they died and did not receive any plaque, urn or other burial recognition at their passing.

"There's a lot of challenges and when you're dealing with the death and affairs of someone, it's a stumbling block you don't expect," Osier said. "And depending on how important their military time was — and Chuck loved his time in the Air Force — I'm not sure how necessary it is to make this so difficult." Osier also was upset to learn there was no allowance for an urn, as there is for traditional burials, from the VA. While she wouldn't want a different urn for Chuck, Osier said she was disappointed to learn that was the case. "For the VA to require someone to buy a plot and a marker in a cemetery just to receive this plaque is ridiculous," she said.

Osier started her effort to pass the burial act with Hanna's office, but he chose to retire at the end of his term in 2016. So she switched gears to work with then-Congresswoman Claudia Tenney, whom she attributed writing the bones of the bill and the initial work to get it going. When Brindisi took office in 2019, Osier kept up the effort with the new congressman's office. Brindisi said he was proud to see the legislation cross the finish line. Having a strong constituent advocate provides a name and a face to the legislation, he said. "More importantly when I'm advocating for legislation like this, I can tell Donna's story and Chuck's story," Brindisi said.

Brindisi did exactly that on the floor of the House of Representatives on 16 DEC, during a one-minute defense of the legislation. The House bill including Chuck Osier Burial Benefits Act now heads to President Donald Trump's desk. Donna Osier thanked Tenney and Brindisi for helping her through the legislative process and not blowing off her desire for change on veterans' benefits. "They took me seriously; they worked hard," Osier said. "I am just so grateful to both of them for all the help they've given me and the support they've given me. Without them, it wouldn't have happened."

WWII Tin Can Salvaging

Source: Orlando Sentinel by Thomas V. DiBacco

After Pearl Harbor, tin cans became an alternate currency for kids. Collect the used cans, put them in your wagon and off to the junkyard where they were turned into ready cash. To be sure, cans weren't the only valuable products for child scroungers to make some dough. If you also brought any scrap metal, newspapers, rubber, aluminum foil and the aluminum wrapping from cigarette packages, there was demand. But never like tin cans, which got the most publicity because it was touted as being used for airplane bearings and solder. In fact, on Oct. 19, 1942, the War Production Board mandated that every town with a population greater than 25,000 had to have a tin-can collection process.

SALVAGED TIN CANS GO INTO MANY WAR ITEMS...

TIN IS SAVED NOW IN THE MAKING OF TIN CANS
 HUNDREDS OF MILLIONS OF CANS WILL NOW BE MADE BY THE NEW HIGHLY MECHANIZED ELECTROLYTIC PROCESS. BY THIS ELECTROLYTIC METHOD TIN CAN BE MADE TO COVER STEEL FOR NEARLY 3 TIMES AS MANY CANS AS UNDER THE CONVENTIONAL "HOT DIP" METHOD.

SAVE 'EM-WASH 'EM-CLEAN 'EM-SQUASH 'EM
 THESE ARE THE FOUR STEPS IN THE AMERICAN HOUSEWIFE'S JOB TO HELP SALVAGE STEEL AND TIN BY SENDING TIN CANS BACK TO THE SCRAP HEAP

THERE IS ENOUGH TIN IN 3 SALVAGED CANS TO MAKE A HAND GRENADE..

ONE TIN CAN YIELDS ENOUGH TIN FOR A PAIR OF BINOCULARS...

A FAMILY OF FOUR SAVING ITS CANS FOR TWO WEEKS WILL SAVE SUFFICIENT TIN TO SUPPLY THIS METAL FOR A PORTABLE FLAME THROWER...

A MONTH'S SAVING OF CANS WILL MAKE THE BUSHINGS FOR 3 MACHINE GUNS

Keep the tin cans rolling into the salvage heap. This plea to housewives is more urgent than ever, since rationing has resulted in less buying of food in cans. Tin is used in many items used by our soldiers on war fronts, so save it and help win the war.

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Remember that Japan controlled 70 percent of the world's tin supply. The longer the war went on, the greater the publicity about the uses of tin: for plasma containers, airplane instrument panels, ammunition boxes, morphine syrettes for administering needed pain relief for wounded soldiers. Tin was so valuable that rationing was instituted for canned fruits and veggies on March 1, 1943. And canned dog and cat food, which accounted in 1941 for 91 percent of all morsels for pets, went the way of the wind, necessitating the ingenuity behind developing a dried, baked ingredient that eventually captured 85 percent of the market by 1946.

"Tin cans go to war" read one poster. One of the most popular was entitled "Help pass the ammunition: Prepare tin cans for war." What followed was a bullet train of tin cans. Then there was a picture of a housewife with four clear words: "Of course, I can." And instructions were included for preparation: take off paper label, wash thoroughly and flatten firmly. Or "save 'em, wash 'em, clean 'em, squash 'em." Even the terminology during WWII for turning in tin cans was respectful. The process wasn't dubbed "recycling," but "salvaging," perfect for wartime in which rescuing the cans from destruction was uplifting. A 1945 magazine article said it all in two sentences: "Nothing is more American than the tin can; and Yankee ingenuity never stops. GIs use empty tin cans for literally everything...."

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