NEWSWIRE

July-August 2020

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

The Jefferson Barracks Retiree Assistance Office has reopened with all of the office personnel, David Simons, Bob Tenholder, Robert Julius, Jack Argent, Tony Cosentino, Mike Fitts, Dan Peters, and Dan Vallo, ready to pick up where they left off, serving our Military Retired Community..

The office will open on Tuesday, Wednesday, and Thursday 0900 to 1200 Hrs. Our phone number is 314 527 8212.

As of now the ID Office (DEERS) at Jefferson Barracks is still open by appointment only. Call them at 314 416 6619, Tuesday thru Friday, 0900 thru 1500 Hrs.

A Reminder: If you don't know already Schnucks Pharmacy is now CVS Pharmacy. CVS does not participate in the TRICARE Pharmacy Program.

Cancer Screening - Low-Dose CT Lung Scans are Saving Lives

Source: Philadelphia Inquirer | Terri Akman

Katherine Bennett-Wilson has smoked a pack of cigarettes a day for 50 years. So when the 66-year-old had her annual physical last May, as part of the Medicare screening process, her doctor told her she needed a low-dose CT scan of her lungs. "They saw nodules in the right upper lobe of my lung," recalled Bennett-Wilson, who lives in South Philly. "I had to do a follow-up around six months later to see if they had gotten any bigger." That scan, and a follow-up PET scan, showed that one nodule had grown, and she would need surgery to remove it. "It was cancer, but [my doctor] got it so early," she said. "That's the benefit of the screening. He caught it early at stage 1 so I don't have to do chemo or radiation. Without that test, I never would have known I had it. It could have grown and been much worse than it was."

Lung cancer is the leading cancer killer in both men and women in the United States, according to the American Lung Association (ALA), though lung cancer death rates are declining. Because smoking is the most common risk factor for getting lung cancer, screening those at risk annually is saving lives. Recent studies showed that choosing the right patients — like Bennett-Wilson — and screening them with low-dose CT scans could find cancers earlier, and improve patients' survival overall, said Nathaniel Evans III, director of thoracic surgery at Jefferson Health, and Bennett-Wilson's doctor. According to the American Cancer Association (ACA), lung cancer death rates dropped 51% from 1990 to 2017 among men and 26% from 2002 to 2017 among women.

That decline is a direct result of fewer people smoking, said Anil Vachani, co-director of lung cancer screening at both Penn Medicine and the Philadelphia VA Medical Center. As smoking has declined, so have lung cancer deaths, but former smokers are still at risk. “Unfortunately, lung cancer frequently presents with nonspecific symptoms. People can have tumors growing in their lungs and not have any symptoms for a long, long time,” he said, because lungs are comprised mostly of air with few pain receptors. By waiting until someone shows symptoms — coughing up blood, losing weight or pain — the cancer is usually late stage. Stage 1 lung cancer is significantly more treatable and potentially curable compared to stage 3 and 4 lung cancer.

About 10% to 15% of smokers develop lung cancer. While to some, that number may seem low, approximately 541,000 Americans living today have been diagnosed with lung cancer at some point in their lives, according to the ALA. “A quarter of the population in some parts of Philadelphia smoke,” said Evans. “So even if only 10% of them get cancer in their life that ends up being a huge proportion of people.” Screening is recommended for smokers age 55 and older who have smoked 30 pack years — a pack a day for 30 years or two packs a day for 15 years, for example. They also need to have smoked sometime over the last 15 years. Insurance will pay for the screening. The initial scan will be covered without co-pay for those meeting the high-risk criteria who are ages 55 to 80 and have private insurance, or are 55 to 77 and have Medicare, according to the ALA.

For patients who don’t have any signs or symptoms of lung cancer, screening identifies early stage cancer “in about 4% or 5% of them,” said Evans. And if they are still smoking, patients who are screened also get counseling for smoking cessation, Evans said. That’s a great opportunity to try and help them quit, added Vachani. “At the time they’re getting screening is perhaps when they are worried about their lung health and future cancer risk,” he said. “We get them the necessary resources to think about quitting and help them quit.”

Like any diagnostic screening, there are risks, most notably, a small amount of radiation that comes with any CT scan, Vachani said. The accumulation of radiation over time can increase the risk for new cancers. There is also the risk of false positive results, which lead to more testing. Evans urges smokers who fit the screening profile to get the scan. “One of the things that prevents people from getting screening is that they’re afraid of what they will find,” he said. “We only find anything on about a quarter of the scans, and 90% of the things we find are benign. You’re much more likely to be able to get peace of mind that everything’s fine than you are to find a lung cancer. And if you have a cancer, it’s better to find out about it than not.”

Though there are causes of lung cancer unrelated to smoking — exposures to radon, secondhand smoke, environmental factors such as air pollution, and occupational exposures like asbestos — currently, the screening is not recommended for nonsmokers. “We don’t have a way of identifying nonsmokers who are high risk enough, that we could justify screening them,” Evans said. For patients who don’t have a lung cancer, quitting can decrease their risks of developing one, Evans said. “Much of the damage they’re doing to their lungs can be reversed just by not smoking anymore. For patients who smoke that do have lung cancer, smoking puts them at risk for complications no matter what type of treatment they have.”

Evans said treatment of lung cancer is much different than it was 20 or 30 years ago. “Most patients’ understanding of lung cancer is based on when their parents or grandparents might have lung cancer,” he said. “That’s not the way it is anymore. It’s hard to get people to screen for things if they think, no matter what happens, you can’t do anything about it anyway. The reality is, at all stages of the disease, there are new treatments every day.”

COVID-19 Gatherings & Cookouts

Source: VeryWell Health | Korin Miller

Trying to navigate social interaction during a summer of COVID-19 comes with a lot of questions about safety. On 12 JUN, the Centers for Disease Control and Prevention (CDC) aimed to answer some of these questions, issuing very specific guidance on what to do to lower your risk of contracting the virus while doing a range of social activities, including hosting gatherings and cookouts. If you plan to have guests over, the CDC recommends reminding people to stay home if they’ve been exposed to COVID-19 in the past 14 days or if

they're showing symptoms of the virus. But there are many more recommendations for how to be as safe as possible while entertaining people from outside of your household.

Consider Keeping a List of Invited Guests -- If someone at your gathering contracts COVID-19, having a list of people who were at the gathering can be helpful for contact tracing, the CDC says.

Encourage Social Distancing -- The CDC recommends holding your party outside, if possible. If you need to host indoors, make sure the room or space is well-ventilated by opening a window. Tables and chairs should be spaced out, although people from the same household can be grouped together. Try to focus on activities that allow for social distancing for adults and kids, like playing Frisbee or doing sidewalk chalk art.

Minimize Contact -- It's best to try to avoid close contact at all, the CDC says. Specifically, don't shake hands, do elbow bumps, or give hugs. Instead, wave at your guests and verbally greet them.

Wear Face Coverings -- Cloth face coverings should be worn when you're less than 6 feet apart from other people, or if you're indoors.

Promote Good Hand Hygiene -- The CDC recommends that guests wash their hands for at least 20 seconds when they arrive at the party and before they leave. Consider making hand sanitizer readily available at the gathering, and make sure there is plenty of soap in the bathroom.

Use Disposable Paper Towels -- Have single-use hand towels or disposable paper towels available for your guests to dry their hands so they don't share a towel.

Limit Who Serves or Handles Food -- Limit how many people are in the kitchen or near the grill and choose one person to serve all of the food, if possible, the CDC says.1 Single-use items, like small packages of condiments, are ideal so that multiple people aren't handling the same item. If that's not possible, designate one person to handle sharable items, like salad dressings, containers, and condiments. You should even encourage your guests to bring their own food and drinks.

Limit Contact With Shared Items -- If you can, use touchless garbage cans or pails. Use gloves, if available, when you take out the trash, and wash your hands after you take off your gloves. You'll also want to clean and disinfect commonly-touched surfaces like tables and chairs after the event.

While the guidelines are a helpful starting point, effectively putting them into practice depends on your personal situation and location. Follow the recommendations as best as you can, and gauge how comfortable your guests are with interacting with other people. But of course, every situation is different, Andres Romero, MD, an infectious disease specialist at Providence Saint John's Health Center in Santa Monica, CA, told Verywell. "The precautions that you need to take will always depend on what's going on in your area," Romero said. "In more crowded cities, there is a higher likelihood of being infected whenever you leave your door, because you are constantly surrounded by people who might be infected." For example, people gathering on a deck in a hard-hit area like New York City may need to be more mindful about hosting than those in a spacious backyard in Montana, which has not seen many cases. "Every space, city, and county is so different," Romero said.

Who to Invite -- The CDC didn't mention a suggested maximum number of people for these gatherings, and there's likely a reason for that, David Cennimo, MD, director of East Orange VA Medical Center and assistant professor of medicine-infectious disease at Rutgers New Jersey Medical School, told Verywell. "No one is giving numbers, because no one really knows," he said. "All it takes is one infected person." Cennimo recommends thinking in terms of households versus total number of people, as well as what those people do when they're not at your gathering. If you bring together a group of essential workers who have regularly been interacting with the public, the odds may be higher that one of those guests will be infected, compared to bringing together multiple households where you know the members have mostly stayed home, he said.

Keep It Short -- The amount of time you spend with others can influence the risk of COVID-19 transmission. "COVID-19 spread [happens through] viral shedding, and the longer you are in contact, the more virus is

shed," Suzanne Willard, PhD, a clinical professor and associate dean for global health at the Rutgers School of Nursing, told Verywell. Viral shedding happens when a virus replicates inside a host and is then released, posing a risk of disease transmission.

Overall, experts stress the importance of keeping in mind that any interaction with people outside of your household comes with some risk. “Unfortunately, people don’t light up when they’re infected and there is no specific look to someone with COVID-19,” Willard said. Ultimately, Cennimo explained, it comes down to your risk tolerance. “You can do as much as you can to mitigate risk but you have to figure out what level of comfort you have when interacting with others," he said.

Dehydration - Senior’s Overlooked Health Risk

Source: MoneyTalksNews & https://www.brita.com | Chris Kissell

Most of us worry about illness as we grow older. Cancer, diabetes and heart disease all become concerns in our senior years. But one relatively common and potentially fatal condition — dehydration — often flies under the radar. The human body is, after all, comprised of 60% water, so water is clearly critical to a healthy and productive lifestyle. Dehydration occurs when your body loses more fluid than it is taking in. The lack of fluid can prevent the body from functioning normally. When this happens, you may experience symptoms such as lack of urination, fainting and confusion. Rapid heartbeat and rapid breathing also may occur. In severe dehydration, the body can go into shock. For some people, dehydration is fatal.

Dehydration can occur at any age. But seniors are particularly susceptible. Most people’s sense of thirst diminishes with aging, so older adults may not drink enough fluids. The danger increases for seniors who have medical conditions — such as diabetes, cystic fibrosis or kidney problems — that cause them to urinate more often or sweat more profusely. Older adults also have less fluid in their bodies than younger people. Fortunately, the solution to dehydration is a simple one: Drink more fluids. This is especially important when you exercise or spend time outdoors in hot weather. The National Institutes of Health (NIH) recommends taking the following steps to prevent dehydration:

> Drink more water every day. Aim to drink 64 oz. of water a day on days without heavy exercise or sun/heat exposure. According to Harvard Medical School, most healthy people should drink between four to six cups of water daily, however, this amount may vary based on the individual. Fluid needs differ from person to person, so ask your physician how much water you should drink daily.
>
> Drink extra fluids after exercising or spending time outside on a hot day. The NIH says sports drinks can help restore minerals you may lose through sweating. Drinking additional fluids also makes sense when you are sick.
>
> Skip drinks with sugar and caffeine. Sugary drinks are especially bad for people with diabetes, and caffeinated drinks have a slight diuretic effect, meaning they lead to more frequent urination.
>
> Many foods — including celery, cucumbers, watermelon and strawberries — also have a hydrating effect when you eat them.

It’s important to stay hydrated on a regular basis and not to wait until you are thirsty. By the time a senior is becoming thirsty, he or she already is becoming dehydrated, according to the Cleveland Clinic. Dehydration is a common source of hospitalization among seniors. The Mayo Clinic suggests seeing a doctor if you or a loved one experience the following:

Diarrhea for 24 hours or more
Irritability or disorientation
Sleepiness and a lower level of activity than normal
An inability to keep down fluids

Bloody or black stool
Infrequent urination and dark colored urine

Following are a few ways to enhance your fluid intake:

- Drink from a refillable and reusable water bottle so you can keep track of the amount you are drinking when at work, traveling, or even at home. Brita® offers a variety of reusable filter water bottles that are not only designed to help you hydrate throughout your busy day, but also filter out the impurities found in household tap water.
- When water tastes good you'll drink more of it. Check out these fun recipes to enhance the taste of your water.
- Eat your water! Apples, cantaloupe, watermelon, cherry tomatoes, oranges, celery and carrots all help you stay hydrated.
- Start each day with a glass of water (no ice). Drink it before you have coffee, tea or juice. It will help replace fluids lost overnight and get your hydration efforts off to a good start.
- Establish regular water breaks during your work day (e.g., before or after each meeting).
- Cook with high-quality sea salt. Unrefined sea salt is rich in trace minerals which aid cell health and hydration.
- Don't overdo it! Although unusual, it is possible to become ill by drinking too much water or other fluids.

Insomnia - Relaxation Techniques and Sleeping Habits

Source: InformedHealth.org

Using relaxation techniques and changing sleeping habits can help you fall asleep faster and get more restful sleep. It is often difficult to say why someone is sleeping poorly. Nearly one out of five people sometimes have trouble with insomnia. Lying in bed and worrying about not being able to fall asleep can actually prevent you from sleeping. Many want to get more sleep again without having to take sleeping pills. It can then be worth giving relaxation techniques a try and checking whether the problems might be caused by certain habits, such as drinking coffee late in the evening. It is also important to not worry too much about how much sleep you get.

Relaxation Techniques

The aim of relaxation techniques is to achieve physical and mental relaxation. They are meant to reduce physical tension and interrupt the thought processes that are affecting sleep. Studies show that people who have learned relaxation techniques sleep a bit longer at night. The main benefit of the relaxation techniques was being able to fall asleep somewhat more quickly. But these approaches don't help everyone. There are different types of relaxation techniques:

Progressive muscle relaxation, also called Jacobson's or deep muscle relaxation: This technique involves tensing groups of muscles all over the body one by one and then consciously relaxing them again. You can learn muscle relaxation by visiting a course or using an audio training course.

Autogenic training (AT): Autogenic training involves focusing awareness on different parts of the body and consciously relaxing them. At an advanced level, even involuntary bodily functions like pulse and breathing can be influenced to achieve deep physical relaxation. Autogenic training is taught in courses.

Biofeedback: This method helps you to feel how your body reacts to tensing and relaxing. It involves placing electrodes on your body to measure muscle tension, your pulse and brain activity. You can monitor these different measurements on a screen and see how muscle relaxation or thinking particular thoughts affects them. Biofeedback can be done at the doctor's or by using a portable biofeedback device at home once you've been instructed in how to use it.
Imagery (visualizations): Another common type of relaxation training is imagery, where you visualize peaceful, pleasant scenes or imagine yourself breathing quietly, gently falling asleep and having a good night's sleep.

Habits

Studies suggest that changing your sleeping habits can help improve the quality of your sleep. People who had been instructed about sleep habits slept more peacefully and didn't wake up as often. There are courses that teach you about how you can change your sleeping habits. In these studies a typical course lasted four weeks with one session per week
There are many different things you can do to change your sleeping habits. Here we list some of the more common ones. But it is difficult to tell from the research which of them are most likely to work.

Sleep hygiene -- The following set of “sleep hygiene” habits can have a positive effect:
Not drinking alcohol, coffee or tea and avoiding other stimulants four to six hours before going to bed.
Avoiding smoking before bedtime or during the night.
Avoiding heavy meals and spicy foods before going to bed.
Getting more physical exercise during the day, but avoiding exercise right before going to bed.
Trying to make sure your bedroom is quiet, dark and not too hot or cold.

Stimulus control -- The aim of stimulus control is to help improve the sleep-wake cycle by creating a strong association between the person's bed and sleeping. A fixed schedule and specific bedtime habits are needed. For instance:

Make it a basic rule to only go to bed when you feel tired.
Get up if you are having difficulty falling asleep (again).
Only use your bed for sleeping (or sex), and not for reading, watching TV or eating.
Always get up at the same time in the morning.

Limiting sleep time (Sleep restriction therapy) -- This approach aims to restrict the time you spend in bed to the time when you are actually asleep. For example, if you usually lie in bed for eight hours, but only sleep six hours, then the idea is that you should not spend more than six hours in bed.

First you see how much sleep you get on average over a period of about two weeks. It may help to keep a sleep diary. Another half an hour of time spent falling asleep is added to the average sleeping time. That's the time between "lights out" and actually falling asleep. The best time for you to go to sleep is then calculated "backwards," using your wake-up time as the starting point: For instance, if your alarm is set for 6:00 a.m. and you need six hours' sleep as well as half an hour to fall asleep, you would go to bed at 11:30 p.m. Adjustments like these could help you find the optimum length of time to spend in bed in order to get a good night's sleep.

Cognitive behavioral therapy (CBT) – This aims to change thought patterns that may be keeping you from sleeping. It is not the same as "positive thinking." It is about changing exaggerated, unrealistic beliefs about sleep. For example, if someone believes that they will always wake up at three in the morning and then not be able to go back to sleep, it may turn into a self-fulfilling prophecy. Another example of a negative thought that can affect sleep is: "If I don't fall asleep now I definitely won't make it through tomorrow." A more realistic thought might be: "This happens from time to time. But I might still get some sleep. And it's no big deal if I don't." A more realistic attitude towards sleep also includes not worrying about how much sleep you end up getting. It's more important that your sleep is restful enough for you to feel good the next day.

When treating insomnia, cognitive behavioral therapy methods can be combined with other approaches, such as relaxation techniques and better sleep hygiene. Even if you don't have cognitive behavioral therapy, you can still examine your own thinking and try to change negative thought patterns. That could help to get rid of thoughts that are keeping you from sleeping.

Can napping during the day -- There are conflicting theories and research results about whether it is a good or bad idea to nap during the day. Some studies have looked at whether napping during the day can make up for not getting enough sleep at night, helping you to drive more safely, for example. Other researchers have studied whether napping helps you sleep better at night or perhaps even has the opposite effect, making you

sleep worse at night instead. There are no clear results yet. As with many questions about sleep, you will probably have to try out a few things first to find out what works best for you.

WWII Vets - Alfred Eiken | B-29er & DFC Awardee

Source: Vantage Point | Sarah Concepcion

Originally from Taos, Missouri, Alfred Eiken graduated from St. Francis Xavier High School in 1941. He enlisted in the Army Air Forces in May 1942. After basic training, he attended bombardier school at Midland Army Air Field in Midland, Texas. Bombardiers released bombs using a device called the Norden bombsight from planes. They also sometimes trained as navigators, a role Eiken also served during the war.

Eiken graduated from bombardier school in July 1943. He went to India as part of the China-Burma-India Theater campaign and promoted to first lieutenant in December 1944. Eiken later transferred to Tinian in the Mariana Islands. The island was the main base for 20th Air Force activity in the Pacific after April 1945. Eiken joined the 58th Bombardment Wing as part of the 40th Bombardment Group, 45th Bombardment Squadron. During the spring and summer of 1945, he completed 28 successful flights in the Pacific. Eiken was on Tinian when the Japanese surrendered Aug. 15, 1945. Two weeks after the surrender, he volunteered with 11 other men to fly supplies on a B-29 Super Fortress to a prisoner of war camp near Fukuoka, Japan. On 30 AUG, the crew attempted to cross the Sobo Mountain Range in Kyushu during severe weather. The aircraft clipped a mountain peak and crashed, bursting into flames near Mount Oyaji. All aboard died.

Eiken and the other eleven crew members were buried in the U.S. Armed Forces Cemetery in Yokohama. In 1949, his remains were returned to the U.S. and he was reinterred at the New Saint Xaviers Catholic Church Cemetery in Taos, Missouri. In 1995, locals dedicated a memorial to the crew in Takachiho, Japan, near the crash site. For his service during World War II, Eiken received a Distinguished Flying Cross and three Air Medals. After his death in 1945, he posthumously received a Purple Heart. We honor his service.

WWII Theodore Roosevelt Jr. Only General to Storm Normandy Beaches in 1st Wave

Source: The American Legion

Theodore Roosevelt Jr., who had been shot in the leg and gassed nearly to blindness in World War I, was not going to let World War II go by without his direct involvement. First wave. D-Day. He was 56 and walked with a cane when his Higgins Boat reached Utah Beach on June 6, 1944. Eldest son of the 26th U.S. president, Roosevelt Jr. famously said The American Legion could never have been founded by one individual. It was a point he made often in 1919, the organization's founding year, when crowds of newly minted veterans shouted for him to serve as the first national commander. He declined the nomination in order to ensure that The American Legion would not be perceived as politically partisan in any way.

Prior to U.S. entry in World War I, he helped form American Legion, Inc., a national network of citizens trained to serve should the call to arms come. He led combat missions across France and soon after the armistice of Nov. 11, 1918, arranged the earliest meetings to plan what would become The American Legion. In May 1919, he presided over the St. Louis Caucus where the Preamble to the American Legion Constitution was drafted and most of the organization's purposes and values were set in motion. Like many of The American Legion's earliest founders, Roosevelt Jr. returned to duty during World War II. He was a beloved leader, considered a "dog-faced general" by his troops, and, as he had done during World War I, he gained the respect of top career generals.

One of those generals, however, was opposed to Roosevelt Jr.'s request to enter the European Theater at Normandy as part of history's largest amphibious military invasion. Maj. Gen. Raymond "Tubby" Barton rejected Brig. Gen. Roosevelt Jr.'s verbal requests. Then, he put it in writing, stating that his experience and ability to report the situation from the beach back to the command would be vital to the operation's success. He also noted that, "I personally know both officers and men of these advance units and believe that it will steady them to know that I am with them." Reluctantly, Barton finally gave in. Roosevelt Jr. became the only U.S. general to storm the beaches in the first wave of the Normandy invasion, leading the 4th Infantry Division, 8th Infantry Regiment, into France. His landing craft famously drifted off course and reached shore approximately one mile from its target destination on Utah Beach. Reportedly, he let the troops know he didn't care where they landed. "We'll start the war from right here!" he is said to have shouted to the young soldiers scrambling onto the beachhead.

As German forces began firing, Roosevelt Jr., also reportedly befuddled the enemy by limping back and forth to the Higgins Boat, armed only with a pistol, to keep the troops moving. That same morning, Roosevelt Jr.'s son, Capt. Quentin Roosevelt II, stormed Omaha Beach. Roosevelt Jr. was the oldest man in the invasion and the only father whose son also came ashore on D-Day. "His valor, courage, and presence in the very front of the attack and his complete unconcern at being under heavy fire inspired the troops to heights of enthusiasm and self-sacrifice," his Medal of Honor citation would later read. "Although the enemy had the beach under constant direct fire, Brig. Gen. Roosevelt moved from one locality to another, rallying men around him, directed and personally led them against the enemy. Under his seasoned, precise, calm, and unfaltering leadership, assault troops reduced beach strong points and rapidly moved inland with minimum casualties. He thus contributed substantially to the successful establishment of the beachhead in France."

Once inland, he was often found among the rank-and-file soldiers, seated in his jeep, which bore the name "Rough Riders" in honor of the 1st Cavalry Brigade his father had led in battle during the Spanish American War. Five weeks after coming ashore at Utah Beach, Theodore Roosevelt Jr., died of a heart attack and was buried in Ste. Mere-Eglise. His grave was later moved to the Normandy American Cemetery near Omaha Beach, where it is often visited by current-day American Legion national commanders.

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