



NEWSWIRE MARCH-APRIL 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.

Schedule of Events for: March - April 2020

March 19 Thursday --- Monthly luncheon 1100 Hrs. **Bandana's BBQ** 1220 Big Bill Road, Arnold, MO 63010 (636) 282-3328 Directions: I-55 south to MO State Highway 141, then turn east on Highway 141 to Big Bill road. Coming from the south, take I-55 north to Mo State Highway 141, then turn east on Highway 141 to Big Bill Rd.

April 16 Thursday --- Monthly Luncheon 1100 Hrs. Rich and Charlie's (*South County*) 4487 Lemay Ferry Road St. Louis, MO 63129. Phone # 314-843-2121

FROM THE DIRECTOR

Since December your office has been working under a handicap. We have not had any computer access. Your Assistant Director, Bob Tenholder, lost his access December 1st and the rest of the office personnel in the middle of January. We have continued to help retiree's with their concerns and have continued putting out; using our personnel computers, all the information that you may need to help with your continued retirement needs.

After several E-mails / phone calls to the Scott AFB personal responsible for providing our requirements and asking for help from our Area Representative from the Air Force Retiree Council, help is finally on the way.

We have been notified by the Wing Commander's Staff Chief that our certifications are now in the approval stage, which will allow us access to our files and internet service once again.

I would like to take this opportunity to thank the office staff for their continued dedication to our retirees during this period.

New Form Tools for Annuitants

Source: DFAS Cleveland OH JFB

As you know, we've been introducing online form tools to help retirees and annuitants fill out and submit required forms correctly and more easily.

This week, we launched a few more tools for Annuitants and we wanted to make sure you were aware.

We are rolled out a package of helpful form tools for Annuitants for the following forms:

DD 2790-Custodian Certificate to Support Claim on behalf of Minor Children of Deceased Members of the Armed Forces

DFAS Form 9415-Representative Payee

Certificate to Establish Identity of Annuitant (CEI)

The package includes a PDF checklist and YouTube video for the DD 2790 and DFAS Form 9415, and a checklist for the CEI.

These tools are available on the Retired and Annuitant Forms webpage at:

<https://www.dfas.mil/retiredmilitary/forms.html>

As a reminder of our other form tools, we rolled out the first form tool package during the summer of 2019: the AskDFAS online upload tool for School Certifications. This also included a PDF checklist to make filling out the School Certification form easier. And we started a process to send monthly SmartDoc email reminders to the SBP child annuitants (who have a valid email address in myPay) who need to submit a School Certification form in the following month.

The School Cert tools are available at:

<https://www.dfas.mil/retiredmilitary/survivors/School-Certifications>

At the end of September 2019, we launched a set of tools online to help the widows/widowers and the children of retirees who have passed away claim Arrears of Pay using the SF 1174. A Form Wizard, PDF checklist, YouTube video and AskDFAS online upload tool are available. The tools are available on our "How to Claim Arrears of Pay Using the 1174" webpage at:

<https://www.dfas.mil/retiredmilitary/survivors/1174RetireeAOP>

At the end of October 2019, we launched a set of tools to assist SBP Annuitants in starting their SBP annuity using the DD 2656-7. A Form Wizard, PDF checklist, YouTube video and AskDFAS online upload tool are available. The tools are available on our "Start a SBP Annuity" webpage at:

<https://www.dfas.mil/retiredmilitary/survivors/ApplySBP>

We are continuing to work on a revision of our Forms webpage that will help customers find the form they need faster and easier, and will highlight these helpful tools and the webpages that have how-to information.

We will keep you posted on our progress of all these exciting new changes happening in R&A! And, as always, we value your partnership and support in spreading the word on our new form tools to our shared customers!

Commissary Surcharge - Pentagon Elimination Proposal

Source: MilitaryTimes: Karen Jowers

Commissary customers would no longer be paying that 5 percent surcharge at the checkout, according to a draft Pentagon proposal. But that doesn't mean the extra cost would disappear. Commissary officials would build the extra 5 percent — or some other amount — into the shelf prices, and advocates are questioning how this could affect customers and ultimately, the commissary benefit. The proposal is part of draft legislation being considered to submit to Congress, because the law would have to be changed.

Under current law, the commissary surcharge money paid by customers must be used for construction, renovation, maintenance and equipment such as coolers and refrigerators for meat and milk and other perishables. This draft legislative proposal would put that into a pot of money used to operate the stores. Defense officials have for years been trying to decrease the amount of taxpayer dollars, currently around \$1.1 billion annually, used to operate 236 commissaries around the world. Depending on the amount of sales, between \$200 million and \$300 million go into the Defense Commissary Agency's surcharge fund each year.

The commissary's discounted groceries are designed to be a benefit for service members, retirees, service-connected disabled veterans, and certain others and their families. Advocates are questioning how this proposal will affect the benefit for commissary customers. "I have a lot of questions. I still don't understand how the variable pricing will be adjusted to make up for loss of surcharge," said Kelly Hruska, director of government relations for the National Military Family Association. "I'd like to understand where the proposal came from, and the purpose of the proposal," she said. "I don't know how this would help the customer," she said. "You'll be raising shelf prices that won't benefit customers. Since customers compare prices — if the commissary price is higher, they'll shop elsewhere."

She's also concerned about the future of the commissary facilities — facility improvements are funded by the surcharge. "What happens if there's a problem with a commissary? Will they allow it to crumble? Where is [the commissary agency] going to find the funds to remodel and build new commissaries?" Information was not immediately available from defense officials about the origin of the proposal, or how much is currently in the surcharge fund. The proposal would also move all the money currently in that surcharge fund into the pot of money used to operate the stores.

According to an analysis of the proposal included with the internal DoD document, all of the costs currently paid for by surcharge money would be paid for out of the commissary agency's operating funds. It wouldn't affect the customer's baseline of savings, according to the analysis, nor would it require additional taxpayer funding. The Defense Commissary Agency takes into account the 5 percent surcharge at the cash register when doing price comparisons with items at commercial grocery stores outside the gate, to determine how much customers are saving at commissaries. The sales tax at those commercial grocery stores is also factored into the comparison. The proposal doesn't specify that exactly 5 percent would be added to each item; the DoD analysis states that the commissary agency would be allowed to continue to include "an additional cost in the price of goods."

Some sources interpreted the DoD analysis to mean the addition to the price could be more or less than 5 percent, and factored into the commissary agency's whole pricing process. For about three years, the agency has had the flexibility to raise or lower prices on items. Previously, commissary goods were priced at whatever the cost was from the vendor. This "variable pricing," more like what commercial grocery stores use, has allowed them to generate profit from customers' purchases, in an attempt to reduce operating costs paid for by taxpayers. It also allows them to be more competitive by lowering prices on some popular items. But commissaries must maintain a baseline of average savings for commissary customers that was measured before this variable pricing started.

One thought is that rolling the 5 percent surcharge (or some percentage) into the shelf price could be more transparent to the customer, because that would be the final price of the item. But Hruska and others contend that the proposal would bring less transparency, because customers currently know that that 5 percent surcharge is used solely for the commissary facilities. Now it could be used for operational costs. "The facility costs aren't going away. How is DoD going to pay for them? Do all those costs become operational? With this proposal, [the customer] doesn't know where the money is going," said Tom Gordy, president of the Armed Forces Marketing Council, a trade association of manufacturers and distributors who do business with commissaries and other military resale entities. He's also a Navy reservist and commissary shopper.

One source said there needs to be "guard rails" on funds to ensure the commissary stores are adequately maintained and modernized, for the protection of the customers' benefit. "This seems to be a solution in search of a problem, with no real explanation of how this is supposed to benefit military families," Gordy said. "At the end of the day, it doesn't strengthen the benefit in terms of savings on grocery products. "Nor does it end up

protecting the quality of the benefit in terms of the facilities, the equipment, the things that are used to help deliver the benefit.”

Coronavirus - Potential Impact on U.S. Drug Supply

Source: TSCL Weekly Update

As the coronavirus continues to be among the major news stories each day, attention has turned to the drug supply in the U.S., not because of the cost but because of the vulnerability of the supply of prescription drugs for use in the nation. The U.S. depends on China for thousands of chemicals needed to make prescription drugs. That's because it turns out that pharmaceutical companies have outsourced our generic medicine manufacturing to China. In fact, generic medicines represent around 90 percent of all prescriptions dispensed in the U.S., and we depend on China for 80 percent of the core components to make our generic medicines.

With China taking drastic measures to try and contain the spread of the disease, including quarantines and shutting down some industries, production to supply America's pharmacies and medicine cabinets is at risk of interruption. For instance, sedatives such as fentanyl and propofol, which are administered to people placed on ventilators to help them breathe, are made with core ingredients from China. Medicines to treat shock, such as epinephrine and dopamine, are also made with chemical components from China. Antibiotics to treat sepsis, a life-threatening bloodstream infection, are made with raw materials supplied by China. In addition, other medical supplies, including masks, gloves, and gowns are also made, in large measure, in China.

So it turns out that we have an important choice to make as a country. We can continue down the current path, increase our dependence on China, and accept the risk to our survival. Or we can invest in domestic manufacturing of a minimum level of production of essential medicines to prevent a situation where our supply is severed. This is a new issue that has popped up on our radar and TSCL will be studying it in greater depth as we learn what might be done to insure lower prices and greater security for the prescription drugs that are so important for so many of us, especially the nation's senior citizen population.

Coronavirus - How to Protect Your Nest Egg

Source: *MoneyTalksNews* | Stacy Johnson

The coronavirus outbreak is damaging the global economy and crushing markets. In just the last week, fear surrounding the coronavirus COVID-19 has erased trillions from the U.S. stock market. This is a true black swan event: one that nobody saw coming and nearly everyone underestimated. So much for history. What now? Let's look at your options for both stocks and savings accounts.

Stocks: Keep calm and carry on

If you've got a time machine and can travel back to mid-February when the Dow Jones Industrial Average was approaching 30,000, go back and sell everything. If that's not an option, however, the thing to do now is ... nothing. The market is already flirting with correction territory (a decline of 10% from recent highs) so it's probably too late to get out now. If the coronavirus becomes a true global pandemic along with a global panic, you'll probably regret that advice. But from what we know now, sitting tight is probably the best idea.

That being said, while it wouldn't be advisable to reduce your stock exposure, it would definitely be advisable to reduce your expectations, at least for the short term. Prior to the coronavirus outbreak, Wall Street consensus was for 7% earnings growth this year, with similar growth for stocks. On 27 FEB, Goldman Sachs revised its estimate to zero growth. That's how much economic damage the virus has already caused. The bottom line for stock investors? That depends partly on your situation:

- If you're investing monthly through a 401(k) or other retirement plan, and have decades until retirement, you're in fat city. Stocks are on sale and may get cheaper yet. Don't change a thing.
- If you've got money on the sidelines, keep it there for now. Nobody, and I mean nobody, knows where this is going. Keep some powder dry.

- If this sudden stock market drop has you in a panic, you may have too much money in the market. While this coronavirus is unique, sudden sharp declines in the stock market aren't. Consider this a lesson and allocate accordingly.

Savings: Lock in rates

There's already been enough damage from the effects of the coronavirus outbreak to slow the world economy. And what do governments do when growth dries up? They prime the economic pump with lower interest rates. The futures market is now pricing in the odds of the Federal Reserve lowering its benchmark federal funds rate this year at roughly 85%. Just a few weeks ago, those odds were 50-50. So what's a saver to do? Lock in rates now, before they go lower. As this is being written you can still lock in a 2% interest rate on a certificate of deposit (CD). Nothing to write home about. But it's probably a higher interest rate than your savings account is paying — and it may look good if the economy tips into a recession. Should you lock up all your savings? Absolutely not. The coronavirus scare may be over by the time you read this, growth could resume and savings rates could head higher. But a little hedging, along with a pinch of diversification, never hurt anybody.

PTSD Treatment | Ecstasy - FDA Expands Access for Therapy

Source: Stars & Stripes: Nikki Wentling

Iraq War veteran Jonathan Lubecky was deployed to Balad Air Base in 2006, where mortar attacks became part of daily life. During one enemy strike, Lubecky was knocked unconscious, suffering a traumatic brain injury. His overall combat experience resulted in post-traumatic stress disorder. After leaving the Army in 2009, he tried many treatments, including exposure therapy, cognitive behavioral therapy and several types of antidepressants -- but nothing lessened his symptoms of PTSD. The pain became so overwhelming, Lubecky attempted suicide five times in eight years. He said when he wasn't attempting to kill himself, he was thinking about it.

In 2014, Lubecky tried something new. He volunteered for a clinical trial of MDMA, the illegal psychedelic drug commonly known as molly or ecstasy. The U.S. Food and Drug Administration in 2017 designated MDMA as a "breakthrough therapy" to treat PTSD and last week said it would allow more people to access the treatment. "I already had five suicide attempts. I put a gun to my head twice and pulled the trigger," Lubecky said. "I figured I was going to die anyway, that I might as well try ecstasy. And then **it worked.**" Lubecky, a retired sergeant, took a dose of ecstasy, and then was guided through eight hours of intensive psychotherapy. He repeated the process two more times. The drug, which enhances feelings of empathy and euphoria while blocking the brain's ability to process fear, "broke down the barriers" that previously prevented Lubecky from opening up to therapists, he said. During those 24 hours of therapy, he talked about all of his traumas: his combat experience, divorce and multiple suicide attempts, among other things.

After the first session, Lubecky said he had fewer suicidal thoughts. He eventually went one full day without thinking of killing himself, then two. Five years after he completed the clinical trial, Lubecky no longer meets the qualifications for a PTSD diagnosis. "The MDMA puts the mind, body and spirit in a place it needs to be in order to heal," he said. "It's like doing therapy while being hugged by everyone who loves you in a bathtub full of puppies licking your face. That's the best way I've been able to describe it."

The study is sponsored by the Multidisciplinary Association for Psychedelic Studies, or MAPS, a nonprofit that formed in 1986 to fund research of the drug after MDMA was made illegal. The group announced 17 JAN that MDMA-assisted psychotherapy will soon be available to more people. The FDA granted expanded access for the treatment, meaning patients outside of the clinical trials will be able to receive it. Also known as "compassionate use," expanded access allows people facing a serious or life-threatening condition to undergo experimental therapies that could help them. In this case, the treatment will be made available to an additional 50 people at 10 sites across the country. The sites will be announced in the next few months. MAPS has already received 120 applications for people seeking the treatment in their area.

At the same time, MAPS stands up the expanded access program, it's continuing with Phase 3 of the clinical trials at 15 sites in the United States, Canada and Israel. The trials are expected to be completed in 2021, and the FDA could approve the treatment in 2022. The study has so far shown positive results. A Phase 2 trial near Charleston, S.C., of which Lubecky was part, resulted in 68 percent of participants no longer showing PTSD symptoms after their second session. Of the 26 participants in that study, 22 were veterans. The veteran population experiences PTSD at a higher rate than the rest of the population. The VA estimates between 11 and 20 percent of veterans who served in the wars in Iraq and Afghanistan have PTSD, compared with about 7 to 8 percent of the general U.S. population.

No longer experiencing PTSD symptoms, Lubecky dedicates his time to advocating for the treatment, getting more veterans involved and changing the way society talks about mental illness. He works for MAPS as a veterans and government affairs liaison and often speaks about his experience with the MDMA-assisted psychotherapy. Instead of a lifelong illness, he wants people to think of PTSD as a mental injury that can be healed. "We've all been told this is a chronic, lifelong mental illness, that our symptoms can be addressed but we can't make it go away," Lubecky said. "MAPS and this MDMA therapy have shown that we can heal it."

If he hadn't participated in the trial, Lubecky believes he would have died by suicide. "I'd be in Arlington cemetery," he said. "The biggest impact on this has been my stepson. It's the reason he has a father instead of a folded flag."

Anyone interested in applying for expanded access to MDMA therapy can learn more at <https://mapspublicbenefit.com>,

Hypertension - Management

Source: Vantage Point

Managing hypertension or high blood pressure can be tough, especially during the winter months. A change in routine, family visits, traveling, illnesses, holiday menus and financial concerns can all stop your best efforts at keeping high blood pressure under control. If you're one of the millions of Americans with high blood pressure, it's vital to keep your blood pressure stable. Drastic changes can put you at risk for heart attack or stroke. The facts about blood pressure

Blood pressure is a measure of the pressure that is placed on the arteries. As the heart pumps blood with oxygen and nutrients out to the body, it creates pressure in the arterial system, like a pipeline.

Arteries carry this oxygenated blood from the heart to other organs and areas in the body. As blood pressure rises, the heart must work harder to pump blood to the body's organs. This causes strain and damage to the heart and arteries.

Blood pressure is based on two readings. The top number (systolic reading) measures the pressure as the heart contracts or beats. The bottom number (diastolic reading) is the pressure in the arteries as the heart relaxes between beats. In general, normal blood pressure is 120/80.

However, blood pressure may change with stress or activity. High blood pressure (hypertension) is diagnosed when the top number (systolic blood pressure) is greater than or equal to 140, and the bottom number (diastolic blood pressure) is greater than or equal to 90. Risk factors for high blood pressure include:

- Family history of high blood pressure (mother, father, brother or sister)
- African American
- Smoking
- Overweight
- Diet high in salt and fried food
- Diabetes, heart or kidney disease

Increased stress
Greater than two alcoholic drinks per day
Sedentary lifestyle
History of stroke or heart attack

Many people have hypertension and do not know it. For this reason, it's often considered the silent killer. Take these steps to control blood pressure, prevent complications and lower your risk for heart disease. You can work with your health care team to develop a healthy habits plan. A good plan should include healthy eating and regular physical activity. Eat foods that are low in sodium. Skip the salt shaker and use spices instead. Try not to eat foods that are high in fat or fried foods. Bake, broil or grill foods and eat lean meats, such as chicken or fish, whole grain cereals and breads, fresh fruits and vegetables. Learn how to read food labels. Healthy eating will reduce blood pressure and promote weight loss. Great fitness exercises include walking, biking and swimming. Exercise for 30 minutes a day most days. Walk whenever you can. Through proper diet and exercise, you will look and feel better and have less stress. Also, try quitting smoking, limiting alcohol and reducing your caffeine intake.

Sometimes, healthy habits are not enough to lower blood pressure. If that's the case, your health care provider may recommend medications. Often, more than one medication may be needed. It's important to take all your medications as prescribed and follow up with your health care provider regularly. Do not let yourself become a victim of this silent killer. You can do this by making simple changes in your life. Change your eating habits. Begin an exercise routine. Take your medicine as prescribed. You can control your blood pressure and ensure a healthier tomorrow.

Lifting and Carrying Tips - How to Avoid Injury

Source: Various

Injuries usually occur because of two reasons. Back muscles are weak and/or the use of poor techniques for lifting and carrying. To avoid injuries and other back related problems, follow these tips:

- Take a few minutes each day to strengthen and stretch your back muscles.
- Plan the lift and clear your path of any obstacles or hazards
- Get help for heavy or awkward loads
- When working together with another person let one person call the order to lift
- Wear shoes that offer good support and traction.
- Stretch your legs and back before lifting anything
- Use a step stool or steady ladder when to reach loads above your shoulders
- Slide the object as close to you as possible.
- Keep a wide stance and make sure of your footing.
- Keep your back straight, push your buttocks out, and use your legs and hips to lower yourself down to the object.
- Point your feet in the direction you plan to move. Don't bend or twist at the waist.
- Put the hand (same side of your body as the forward foot) on the side of the object furthest from you
- Put the other hand on the side of the object closest to you. Your hands should be on opposite corners.
- Grasp the object firmly with both hands vice just fingers.
- Keep the load close to your body. Center it in the space between your shoulders and waist.
- Don't jerk or lift quickly.
- Don't obstruct your vision when carrying.
- Prepare for the lift, tighten your core muscles, and look forward and upward.
- Make sure you are not pinching your fingers or toes
- Don't hold your breath.
- Lift steadily with your legs, not your back. Keep your head up and your back straight.
- Lift slowly and follow your head and shoulders. Hold the load close to your body. Lift by extending your legs

- Put down the load by squatting down, not bending over.
- If you are using a cart or dolly to move a heavy load, push it, don't pull it.

Maintain Your Muscle - Strength Training at Any Age

Source: National Institute of Health

Building muscle can keep your body working properly. Find out how to get started. Plus, check out our online-only [Q&A with Dr. Roger Fielding on Strength Training for Older Adults](#).

Military Humor

Courtesy: *RAO Bulletin Baguio Office Baguio City, Philippines*

As the general inspected the troops, he asked some of the Marines which outfit they were serving with. Ramrod straight, each would respond, "Marine Air Group 36, sir" or "Second Marine Division, General." Then there was one young private. When the general asked, "Which outfit are you in?" the Marine replied, "Dress blues, sir, with medals!"

###

My high school assignment was to ask a veteran about World War II. Since my father had served in the Philippines during the war, I chose him. After a few basic questions, I very gingerly asked, "Did you ever kill anyone?"

Dad got quiet. Then, in a soft voice, he said, "Probably. I was the cook."

###

The military has a long, proud tradition of pranking recruits. Here are some favorites from rallypoint.com:

Instructed a private in the mess hall to look for left-handed spatulas

Sent a recruit to medical-supplies office in search of fallopian tubes

Had a new guy conduct a "boom test" on a howitzer by yelling "Boom!" down the tube in order to "calibrate" it

Ordered a private to bring back a five-gallon can of dehydrated water (in fact, the sergeant just wanted an empty water can)

2020 Monthly Luncheons

Firehouse	January--July	Phone # 314-892-6903
Olive Garden	February-August	Phone # 314-849-2553
Bandana's	March---September	Phone # 636-282-3328
Rich and Charlie's	April---October	Phone # 314.894.1600
Joey "B's"	May--November	Phone # 314-843-2121
Cracker Barrel	June--December	Phone # 314-416-8880

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