



JEFFERSON BARRACKS SATELLITE RETIREE ACTIVITIES OFFICE NEWSWIRE November-December 2018

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.

November 15 Thursday --- Monthly Luncheon 1100 Hrs. **Café Telegraph**, 650 Telegraph Rd, St. Louis, MO 63125. Located near the intersection of Telegraph Road and Kingston Drive just outside of Jefferson Barracks. (314) 200-9952 <http://www.cafetelegraph.com/>

December 7 Friday --- Pearl Harbor Remembrance Breakfast 0800 Hrs. at the Cracker Barrel Old Country Store. 6233 Heimos Industrial Park Dr., St. Louis, MO 63129. Off of Meramec Bottom Rd and I-55. (314) 416-8880

FROM THE DIRECTOR

The Federal Benefits Open Season for the much talked about FEDVIP new dental and eye care is just around the corner. The enrollment period begins on November 12 and ends on December 10. On line at BENEFEDS.com.

It would appreciated if you could contact any retiree you might know that does not have computer access and pass along this telephone number for BENEFEDS 1-877-888-3337. They will answer any questions a retiree might have and also enrolled them in the system. If you can personally assist them in enrolling in FEDVIP, they will be appreciative.

Even if you already have dental care through the TRICARE Retiree Dental Program (TRDP) you must enroll in dental coverage for next year under FEDVIP. You will not be automatically enrolled in a FEDVIP plan for 2019. You must enroll during the Federal Benefits Open Season. You can enroll on-line www.BENEFEDS.com or call 800-888-3337

Our office is here to aid retirees enrolling in the new dental and vision care programs. Give us a call (314) 527-8212 or if currently enrolled continue getting their benefits.

David S. Simons, Msgt, USAF (Ret)

Links to FEDVIP Related Information:

Federal Employees Dental and Vision Insurance Program (FEDVIP):

<https://tricare.mil/fedvip>

<https://www.benefeds.com/Portal/EducationSupport?EnsSubmit=dental-vision&ctoken=DABIJxu5>

<https://www.opm.gov/healthcare-insurance/dental-vision>

TRICARE BENEFEDS Website:

<https://tricare.benefeds.com/InfoPortal/indexAction>

FEDVIP Eligibility:

<https://tricare.benefeds.com/InfoPortal/containerPage?EventName=eligibility&ctoken=4fPVguei>

TRDP-to-FEDVIP Transition:

<https://tricare.benefeds.com/InfoPortal/containerPage?EventName=transition&ctoken=4fPVguei>

FEDVIP Plan Information:

<https://tricare.benefeds.com/InfoPortal/containerPage?EventName=plans&ctoken=4fPVguei>

FEDVIP Frequently Asked Questions:

<https://tricare.benefeds.com/InfoPortal/containerPage?EventName=faqs&ctoken=4fPVguei>

Jefferson Barracks D.E.E.R.S./ID Cards

The military personnel Army and Air have change their duty hours from an 8 hour/5 day work week to a 10 hour/4 day work week consequently the D.E.E.R.S./ID Card office days of operation will also change to Tuesday- Friday, 9:00 AM to 3:00 PM. As always make sure you call before you leave to make sure the system up and running. Also check your spouse's ID card is up to date. You'll find the expiration date on the reverse side of the card.

Retiree Pay Raise 2018

Veterans receiving disability pay and military retirees will see a 2.8 percent cost-of-living boost starting in December. This cost of living increase will also apply to those receiving Social Security benefits. Under federal law, the cost-of-living adjustments to VA's compensation and pension rates are the same percentage as for Social Security benefits. Last year, the increase was 2 percent, and the previous three years were 2 percent combined.

What You Will Pay in 2019 for Medicare/TRICARE

Source: Capt Kathryn M. Beasley, USN (Ret)

Medicare recently released its new rates for 2019. After staying the same last year, Medicare and TRICARE for Life beneficiaries will see their Part B premium increase slightly this year. The Part B standard premium is set to increase \$1.50 per month, from \$134 to \$135.50.

For the past two years, some Medicare beneficiaries have been paying lower premiums and have been protected by a provision called the “hold harmless” rule. Medicare estimates only 2 million beneficiaries will have their premiums shielded this year.

Let's recall why this was originally put into place.

Adjustments are made annually to both the Social Security benefit and the Medicare premiums an individual pays. These adjustments are indexed to different inflation measures. The Social Security COLA is based on the [CPI-W](#) index, which measures inflation. By contrast, [the Medicare premium](#) is based on how much the Medicare program itself grows through its spending on medical services.

These different adjustment measures have resulted in Medicare premiums that typically increase at a rate greater than Social Security COLAs. For instance, from 2000 to 2018, Social Security COLAs increased an average of 2.2 percent annually, which resulted in a cumulative benefit increase of approximately 50 percent. This was considerably less than the average 6.1 percent annual increase in standard Medicare Part B premiums, whose premium growth was a whopping 195 percent over the same period, according to a Congressional Research Service report [released last month](#).

The bottom line? A greater percentage of total Social Security benefits were being deducted to pay for Medicare premiums. Congress has acted several times to protect beneficiaries from the impact of large Medicare Part B premium increases. The hold-harmless provision was made permanent, and prevents certain Social Security beneficiaries' monthly benefit amounts from decreasing from one year to the next due to an increase in their Medicare Part B premiums.

The new premiums for 2019:

- Part B premium: \$135.50 (was \$134)
- Part B deductible: \$185 (was \$183)
- Part A deductible (inpatient) \$1,364 (was \$1,340)

Premiums for higher-income beneficiaries (\$85,000 and above) are:

- Individuals with annual incomes between \$85,000 and \$107,000 and married couples with annual incomes between \$170,000 and \$214,000 will **pay a monthly premium of \$189.60.**
- Individuals with annual incomes between \$107,000 and \$133,500 and married couples with annual incomes between \$214,000 and \$267,000 will **pay a monthly premium of \$270.90.**
- Individuals with annual incomes between \$133,500 and \$160,000 and married couples with annual incomes between \$267,000 and \$320,000 will **pay a monthly premium of \$352.20.**
- Individuals with annual incomes between \$160,000 and less than \$500,000 and married couples with annual incomes above \$320,000 and less than \$750,000 will **pay a monthly premium of \$433.40.**
- Individuals with annual incomes above \$500,000 and married couples with annual incomes above \$750,000 will **pay a monthly premium of \$460.50.**

Remember, the Social Security Administration uses the income reported two years ago to determine beneficiaries Part B premiums. For example, the income reported on your 2017 tax return would be used to determine whether you would pay a higher monthly premium in 2019. So here is an important tip: if you have a reduction in income and change rate groupings noted above, you can have your income basis updated (due to a qualifying event such as retirement) before the tax returns catch up later. For more information, see [this article](#).

You can access more information from Medicare for 2019 [here](#).

FLU Prevention - Facts You Need to Know

Source: Military Connection; Kris Baydalla-Galasso

We are rapidly approaching the holiday season, and carving pumpkins turns into carving turkeys and decking the halls, we all need to be reminded and aware of the uninvited guest: Influenza. There are a few important things you need to remember about the flu:

- The “flu” or influenza is caused by the Human Influenza A, B and C Viruses
- Symptoms typically appear 1-4 days after exposure
- Symptoms include fevers of over 100 degrees, cough, nasal stuffiness, weakness, congestion, muscle aches, general fatigue, sore throat, chills and sweats
- Symptoms often last for at least a week or two, sometimes longer
- You are contagious for about a day before you have symptoms and for about a week after your symptoms start
- You get the flu by breathing. Tiny droplets are inhaled and spread the virus.

If you bring yourself to the doctor within 24-48 hours of the onset of symptoms, antivirals can be prescribed and may significantly decrease the duration of your illness. It is critical that you pay attention to your symptoms and react quickly to minimize the impact of your illness. The best way to attempt to prevent the flu is by receiving a flu vaccination. That, combined with consistent hand washing and limiting contact with individuals known to have the flu, will limit the spread of the virus. Flu vaccinations are completely covered by insurance and many major chains are incentivizing customers to stop in and receive the vaccine while they shop.

It is critical to get the Flu vaccine before the flu is spreading throughout your area. The earlier in the season that vaccination occurs, the more likely you are to receive maximum protection. The CDC recommendation is that vaccinations be received in October. This year, many communities are reporting cases of the flu already, and some have even reported deaths attributed to the flu. It takes two weeks from the time of vaccination for the antibodies to develop against the flu. While many are skeptical of vaccination, the flu vaccine does not “cause” the flu. It does, however, give the body the best protection against a virus that does, in fact, kill. Here are 10 common myths about the flu.

1. MYTH: You can catch the flu from the vaccine -- The vaccine is made from an inactivated virus that can't transmit infection. So people who get sick after receiving a flu vaccination were going to get sick anyway. It takes a week or two to get protection from the vaccine. But people assume that because they got sick after getting the vaccine, the shot caused their illness.
2. MYTH: Healthy people don't need to be vaccinated -- While it's especially important for people who have a chronic illness to get the flu shot, anyone — even healthy folks — can benefit from being vaccinated. Current CDC guidelines recommend yearly vaccination against influenza for everyone older than 6 months of age, including pregnant women.
3. MYTH: Getting the flu vaccination is all you need to do to protect yourself from the flu -- There are a number of steps you can take to protect yourself during flu season besides vaccination. Avoid contact with people who have the flu, wash your hands frequently, and consider taking anti-viral medications if you were exposed to the flu before being vaccinated.
4. MYTH: The flu is just a bad cold -- Influenza may cause bad cold symptoms, like sore throat, runny nose, sneezing, hoarseness, and cough. But in the United States alone, 36,000 people die and more than 200,000 are hospitalized each year because of the flu. During the 2017/18 flu season, flu activity has significantly

increased throughout the majority of the country with the A (H3N2) viruses predominating so far, according to the Centers for Disease Control (CDC). A (H3N2) virus-predominant influenza seasons have been associated with more hospitalizations and deaths in people age 65 years and older as well as young children. It's not too late to get a flu shot. Even if it doesn't prevent you from getting the flu, it can decrease the chance of severe symptoms.

5. MYTH: You can't spread the flu if you're feeling well -- Actually, 20% to 30% of people carrying the influenza virus have no symptoms.

6. MYTH: You don't need to get a flu shot every year -- The influenza virus changes (mutates) each year. So getting vaccinated each year is important to make sure you have immunity to the strains most likely to cause an outbreak.

7. MYTH: You can catch the flu from going out in cold weather without a coat, with wet hair or by sitting near a drafty window -- The only way to catch the flu is by being exposed to the influenza virus. Flu season coincides with the cold weather. So people often associate the flu with a cold, drafty environment. But, they are not related.

8. MYTH: Feed a cold, starve a fever -- If you have the flu (or a cold) and a fever, you need more fluids. There's little reason to increase or decrease how much you eat. Though you may have no appetite, "starving" yourself will accomplish little. And poor nutrition will not help you get better.

9. MYTH: Chicken soup will speed your recovery from the flu -- Hot liquids can soothe a sore throat and provide much needed fluids. But chicken soup has no other specific qualities that can help fight the flu.

10. MYTH: If you have a high fever with the flu that lasts more than a day or two, antibiotics may be necessary -- Antibiotics work well against bacteria, but they aren't effective for a viral infection like the flu. Then again, some people develop a bacterial infection as a complication of the flu, so it may be a good idea to get checked out if your symptoms drag on or worsen.

The flu is a good example of how medical myths can get in the way of good medical care. When it's flu season, take the necessary steps to stay healthy. That includes separating fact from myth.

Survey: Top Reasons for Adults Unexpected Trip to Dentist

Source: Shift Colors; Delta Dental; Fall-Winter 2018

According to a recent national survey from Delta Dental, many adults do not seek out proactive dental care and confess to visiting the dentist less often than they should. As a result, many suffer from oral health detriments.

The study reveals that more than half of Americans (57 per-cent) have made an unplanned visit to the dentist, with pain in mouth (33 percent) being cited as the leading cause.

According to the Adult's Oral Health & Well-Being Survey, a chipped or cracked tooth (26 percent) or a cavity (20 percent) also ranked as top reasons for Americans to suddenly find themselves in a dental chair. A lost crown or filling tied at 14 percent. Capping off the key reasons is bleeding gums (8 percent). The Delta Dental survey indicates that more than two in five (42 percent) Americans admit they typically visit a dentist less than once a year.

"A healthy smile is a valuable asset in everyday life but requires proper care, including to help prevent gum disease," said Joe Dill, DDS, MBA, Delta Dental Plans Association's vice president of dental science. "Making an appointment for a dental exam is a positive step to safeguard the health of your smile."

Simple lifestyle tips for a healthy smile

Dr. Dill recommends regular dental exams as part of preventive oral health care. He shares the following basic pointers for helping to prevent the top reasons for American adults' unplanned dentist visit.

- Pain in mouth: Brush and floss daily, eat a healthy diet, and quit the use of tobacco products, if applicable.
- Chipped or cracked tooth: Avoid chewing ice and hard candies and never use teeth as a substitute for the right tool.
- Cavity: Remove plaque with daily flossing and brushing, reduce consumption of sugary foods and beverages from your diet, and chew sugar-free gum that contains xylitol.
- Crown fell off/filling fell out: Avoid hard and sticky foods, such as caramels and hard candies.
- Bleeding gums: Floss and brush with a fluoride toothpaste daily, eat a balanced diet, and visit the dentist regularly.

Shingles Vaccination Update

Source: Army Echoes, Ronald Wolf, Writer-Editor, Office of the Surgeon General/Medical Command

In the last issue, we included a reminder for Soldiers for Life to ask about vaccines for shingles. The vaccine is recommended for everyone over 60 by the Centers for Disease Control and Prevention (CDC), but approved by the Food and Drug Administration for those over 50.

A newer vaccine, Shingrix, is now available and is considered to be more effective and longer lasting. The CDC recommends Shingrix for shingles and related complications. Usually, two doses of Shingrix are needed with injections 2 to 6 months apart for adults aged 50 years or older.

You should consider being vaccinated with Shingrix even if you have already been vaccinated with the current vaccine Zostavax. Studies have shown that the effectiveness of Zostavax wanes over time. If you have previously had a Zostavax vaccine injection, discuss with your physician whether you should and how soon you can receive a Shingrix vaccination.

You should wait at least 8 weeks after a patient received Zostavax to administer Shingrix.

One thing: check at your health care facility about availability of Shingrix. Demand is high, and some temporary shortages have been reported.

To recap, shingles is a painful rash that usually develops on one side of the body, often the face or torso. It is caused by the same virus that causes chickenpox.

After a person recovers from chickenpox, the virus becomes dormant in the body and can stay dormant for decades.

During a shingles outbreak, a rash consisting of blisters forms; it usually fades away in 2 to 4 weeks. The problem with shingles is the nerve pain that may last for months after the rash goes away.

The pain can be deep and intense, and most over-the-counter pain killers have little effect. Over time the nerve pain will diminish, but that process can be slow and especially frustrating.

Most people who develop shingles have only one outbreak during their lifetime, but you can have shingles more than once.

Vaccinations are an important tool in maintaining health and readiness for all ages. The vaccine for shingles is an important vaccine. Even if you've already been vaccinated, ask your physician what he or she recommends.

Replace Smoke Alarms after Ten Years

If you've recently checked and/or replaced batteries in your smoke alarms, please consider re-checking the alarms to ensure manufacture dates are not more than ten years old. Smoke alarms that are ten years old or older should be replaced. The audible alarm may still sound loudly, but smoke detection components in the alarm aren't considered reliable after ten years.

Read more at <http://www.thedailyworld.com/life/safety-tips-for-smoke-alarms-and-manufactured-homes/>

Winter Preps - Home Furnace

Source: Fidelity National Home Warranty

It's time to store those portable fans and pull out your cozy blankets! With summer coming to an end, cold weather is knocking on our doors. Make sure your family has a warm, safe place to come in from the cold by preparing your furnace for the winter.

Clean and replace air filters - Furnace filters should be cleaned once a month and replaced every three months. The filters capture dirt and other airborne particles during the intake of air and if they're not maintained, they can clog, taking longer to heat your home and potentially raising your energy bill.

Get your ducts in a row - Ductwork with holes or other damages can cause the furnace to work harder than usual. Replace all damaged and collapsed ductwork and make sure all the vents are clean with no obstructions that could prevent airflow.

Test your thermostat - Make sure your thermostat starts up properly at the temperature you have set for it. The optimum comfortable room temperature ranges from 68° to 76° F (20° to 24° C), according to Direct Energy.

Give it a test run - Make sure the thermostat and heating unit function properly. Remember to always practice safety first - clear the space surrounding the heating unit to prevent a potential fire hazard. We recommend hiring a qualified professional to inspect the unit if there are any malfunctions.

Cold War 2.0 - US Spies See New Threats from Global Rivals

Source: McClatchy Washington Bureau: Tim Johnson

As the intelligence community shifts its primary focus from counterterrorism to threats from Russia and China, some leaders voice a sense of Deja vu and even eagerness at the challenge. "It has been a sort of reawakening of times of old, I will say," said Deputy Director Justin Poole of the National Geospatial-Intelligence Agency, one of the 17 agencies and offices that make up the U.S. intelligence community. "It's a little more cold warrior-y." President Donald Trump singled out China last week for what he said was an intent to interfere in upcoming midterm elections. In separate speeches, the national intelligence director and the CIA director also emphasized the shift in strategy toward China and Russia, both of which seek to rival the U.S. on the global stage.

For veteran intelligence officials, the refocusing evokes the more than four decades of the Cold War during which intelligence analysts and spies peeled back the capabilities of the Soviet bloc and sought to decipher how it intended to use its weaponry. "Cognitive psychologists are going to have a very important role going forward in terms of being able to understand intent. We're almost going back to the good old days, in some regards," said Ellen McCarthy, an intelligence veteran who is the Trump administration nominee to lead the State Department's intelligence branch.

Poole, speaking at a security conference at Georgetown University on 27 SEP, said rival nations bring a broader array of capabilities to the table, providing deeper challenges to spy agencies that largely have focused on Islamic terrorist groups in the Middle East and in and around Afghanistan since Sept. 11, 2001. "It's

a little different, a little sportier”, Poole said. “You’re thinking about a near-peer state actor or two. The type of capabilities, tactics, techniques and procedures that they bring to bear are a lot more subtle.” Asked by a moderator what he meant by “sporty,” Poole said he was thinking of “cyber, and also the race to automation, augmentation and artificial intelligence,” capabilities that rival nations would have in greater strength than terrorist groups.

Trump laid into China on 26 SEP speaking at the United Nations headquarters, he accused China of seeking to influence the upcoming midterm elections in November, without providing details. “Regrettably, we found that China has been attempting to interfere in our upcoming 2018 election coming up in November against my administration. They do not want me, or us, to win because I am the first president ever to challenge China on trade,” Trump said. The remarks touched on themes hit a day earlier by Trump’s director of national intelligence, Dan Coats, in a speech at The Citadel in South Carolina, in which he flayed China for meddling in the U.S. heartland. “China is also targeting U.S. state and local governments and officials. It is trying to exploit any divisions between federal and local levels on policy, and uses investments and other incentives to expand its influence,” Coats said, without offering further details.

On the cyberspace front, Coats unleashed a sharp warning on what he called China’s hostile hacking efforts, saying they were “unprecedented in scale.” The first public sign that the intelligence establishment was putting new emphasis on rivalries with Russia and China came last February, when Coats presented his annual worldwide threat assessment to Congress. “The risk of interstate conflict, including among great powers, is higher than at any time since the end of the Cold War,” Coats said in the assessment, which placed the threat ahead of terrorism but less immediate than the risk of global cyberspace conflict.

CIA Director Gina Haspel also touched on renewed confrontation with rival nations in a 24 SEP speech at the University of Louisville, her first public comments since becoming director in May. She emphasized that her agency still carefully monitors Islamic terror groups. “Groups such as the so-called Islamic State and al-Qaida remain squarely in our sights, but we are sharpening our focus on nation-state adversaries,” Haspel said.

Intelligence officials have been increasingly stark in their public views about China’s intention to overshadow the U.S. as a global power. “China is trying to position itself as the sole dominant superpower, the sole dominant economic power,” FBI Director Christopher Wray told the Aspen Security Forum in mid-July. He said China “represents the broadest, most challenging, most significant threat we face as a country.” At least one CIA official publicly concurred, saying that China’s challenges to the U.S. on multiple fronts mirrors in some ways the 1945-1990 Cold War with the Soviet Bloc. “What they’re waging against us is fundamentally a cold war. A cold war not like we saw during the Cold War, but a cold war by definition. A country that exploits all avenues of power, licit and illicit, public and private, economic, military, to undermine the standing of your rival relative to your own standing, without resorting to conflict,” said Michael Collins, the CIA’s deputy assistant director of its East Asia and Pacific Mission Center.

Gateway Blue Star Mothers – Wreaths across America

GBSM was chartered in May of 2014 as a chapter of Blue Star Mothers of America, Inc. (BSMA), a private nonprofit organization that provides support for mothers who have sons or daughters in the U.S. Armed Forces. BSMA was originally formed during World War II, and the name came from the custom of families of servicemen hanging a banner called a Service Flag in a window of their homes.

Membership is open to mothers, grandmothers, adoptive mothers, foster mothers, and female legal guardians; who have children currently serving or children who are veterans.

GBSM are proud military mothers honoring our children supporting them from the home front through service missions such as Cookies for the Troops, Care Packages and Birthday Greetings from their “Blue Star Moms”. We also support our Veteran Community by attending Honor Flight Welcome Homes, volunteering at the VA facilities and attending VA Functions, and supporting various Veterans Groups around our area. Additionally we support various Gold Star organizations in our community.

Gateway Blue Star Mothers are made up of mothers in the Greater St. Louis Area (defined as the combined statistical area) serving the Missouri Counties of Franklin, Jefferson, St. Charles, St. Louis (including St. Louis City), Warren & Washington and the Metro East Illinois Counties of Bond, Calhoun, Clinton, Jersey, Macoupin, Madison, Monroe & St. Clair.

Gateway Blue Star Mothers are the proud Location Coordinator and a Fundraising Group for Wreaths Across America at Jefferson Barracks National Cemetery. To sponsor a wreath or to learn more, please visit: [Gateway Blue Star Mothers Wreath Sponsorship](#). 636-675-2114

If you would like to have a wreath placed on a grave of a loved one by you or a volunteer, send the following information and payment of \$15.00 per wreath: Interred Name----, Section --- Site--- to Gateway Blue Star Mothers P.O. Box 531, St Charles, MO 63302. **You must include your name and phone number.** If you don't have a grave location information you can go on line to www.gravelocator.cem.va.gov.

All requested must be in by December 3, 2018. The wreaths will be placed on December 15, 2018 starting 11:00 AM.

Please follow our FaceBook page at: [Wreaths across America at Jefferson Barracks National Cemetery](#)

David H. Simons, USAF (Ret)
Director, JBSRAO

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

Contact Us:

JBSRAO

Telephone: 314 527-8212

E-mail: usaf.mo.157-oag.list.retirees-office@mail.mil

Address JBSRAO

37 Sherman

St. Louis, MO 63125

Office hours are 0900 to 1200 hours Tue, Wed and Thursday.

Scott RAO

Telephone: 618 256-5092

E-mail: scottrao@scott.af.mil

Address: 375th AMW/CVR

215 Heritage Dr. Rm. 107

Scott AFB, IL 62225-5009

Office Hours are 0900-1500 Hrs Monday - Friday

NEWSWIRE November-December 2018

FAIR USE NOTICE: This newsletter may contain copyrighted material the use of which has not always been specifically authorized by the copyright owner. The Editor/Publisher of the “Newswire” at times includes such material in an effort to advance reader’s understanding of veterans’ issues. We believe this constitutes a ‘fair use’ of any such copyrighted material as provided for in section 107 of the US Copyright Law. In accordance with Title 17 U.S.C. Section 107, the material in this newsletter is distributed without profit

to those who have expressed an interest in receiving the included information for educating themselves on veteran issues so they can better communicate with their legislators on issues affecting them. For more information go to: <http://www.law.cornell.edu/uscode/17/107.shtml>. If you wish to use copyrighted material from this newsletter for purposes of your own that go beyond 'fair use', you must obtain permission from the copyright owner.

Disclaimer: Information and views expressed by writers in this Newswire are their own and should not be construed to be the official position or policy of DOD, USAF, MONG, Scott AFB, 131 BW (MOANG) or Jefferson Barracks AFS. Every effort is made to verify information provided in this publication, the JBSRAO "Volunteer" staff cannot guarantee the accuracy of information furnished by other agencies.