



NEWSWIRE NOVEMBER-DECEMBER 2019

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: November-December 2019

November 13, Wednesday --- Meeting 1900 20 + Armed Forces Association Jefferson Barracks Building 61

November 21 Thursday --- Monthly luncheon 1100 Hrs. **Joey B's Food & Drink** 189 Concord Plaza Shopping Center, St. Louis, MO (314) 843-2121. Concord Plaza at Lindbergh and Baptist Church Road in South County.

December 2 Monday --- Area V Retirees (Lambert Field) Dinner Meeting. Reception at 1700, Dinner at 1830 Short Meeting 1930. Jefferson Barracks Bldg. 24

December 6 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

December 11 Wednesday --- Meeting 1900 Hrs. 20 + Armed Forces Association Jefferson Barracks Building 61

December 11 Wednesday --- Christmas Air Guard/ Reunion Gathering 11 am – 3 pm., O'Fallon Elks Lodge, 1163 Tom Ginnever, O'Fallon, MO

From the Director

It's Healthcare Open Season Time, and you are probably getting bombarded with mail, emails, and phone calls about your healthcare options. Well retirees need not worry because we have the best healthcare coverage you can get, **TRICARE and TRICARE FOR LIFE**.

Open season runs from November 11 until December 9 this year. It is the time for those with Tricare Select and Prime to make any changes to their plans at <https://www.tricare.mil>.

Last year during the open enrollment period Tricare participants were offered new Dental and Vision plans thru BENEFEDS Federal Benefits Program. The open enrollment season is the time to make any changes to these plans by going to <https://www.benefeds.com/>.

The Jefferson Barracks Retiree Office will be closed for the Christmas and New Year's holidays from December 23, 2019 returning on January 7, 2020.

We wish everyone a Happy Holiday Season.

Dave Simons
Director
Jefferson Barracks Retiree Activities Office

WHAT IS TRICARE OPEN SEASON AND WHY DOES IT MATTER?

TRICARE Open Season is the annual period when you can enroll in or make changes to your TRICARE Prime, including US Family Health Plan, or TRICARE Select plan for the next year.

The Federal Benefits Open Season is for enrollment in a Federal Employees Dental and Vision Insurance Program (FEDVIP) dental and vision plan. If you're currently enrolled in a FEDVIP dental or vision plan and you don't want to make a change, your enrollment will continue in 2020. If you wish to make changes to your existing plan, you must do so during open season. Both the TRICARE and FEDVIP open seasons will run from Nov. 11 to Dec. 9 Enrollment choices made during this period will take effect on Jan. 1, 2020.

PLEASE NOTE:

- TRICARE and FEDVIP each have an open season for enrollment.
- While the open season dates are the same, there are two separate actions for changing your TRICARE health plan or a FEDVIP dental or vision plan.
- If you don't take action to switch your TRICARE health plan or enroll in a FEDVIP dental or vision plan during open season, you can only make a change or enroll in a plan after a Qualifying Life Event—such as marriage, birth of a child, change of address, or retiring.

Learn more at www.tricare.mil/OpenSeason19 and follow TRICARE on social media for regular updates:

Retiree Services Info Update

Source: Tammy L. Cournoyer, DAFC Air Force Retiree Services

Starting 1 January 2020, TRICARE pharmacy copayments will change for all beneficiaries except Active Duty Service Members (ADSMs), dependent survivors of ADSMs, and medically retired service members and their dependents. Please share the key messages and resources below with your members. Thank you for helping us keep beneficiaries informed! And, as always, please do not hesitate to reach out with any questions or concerns.

KEY MESSAGES:

- Copayments for Tier 1 Generic Formulary drugs, Tier 2 Brand-Name Formulary drugs, and Tier 3 Non-Formulary drugs are increasing across the retail and home delivery points of service.
- Military pharmacies remain the lowest cost pharmacy options for TRICARE beneficiaries, who have the option to get generic and brand-name drugs for \$0 copay.

- Copayment increases for home delivery and retail pharmacies are between \$2 and \$7.
- Congress and the Department of Defense (DoD) worked together on these changes, which Congress passed into law as part of the National Defense Authorization Act for Fiscal Year 2018.

These changes are part of a larger effort to generate discretionary savings for the DoD to fund improvements in military readiness and modernize the TRICARE health benefit.

RESOURCES:

A Digital Toolkit with details about the changes and graphics is available at: https://health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Access-to-Healthcare/Pharmacy-Program/TRICARE-Pharmacy-Copays-are-Changing?utm_source=emailmsovso&utm_medium=toolkit&utm_campaign=2020pharmacycopays

NEWS ARTICLE:

https://tricare.mil/CoveredServices/BenefitUpdates/Archives/10_22_2019_TRICARE_Pharmacy_Copayments_to_Increase_Starting_Jan_1_2020

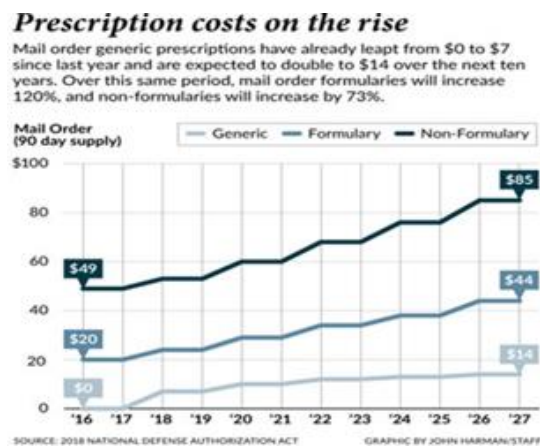
TRICARE COST TOOL: [TRICARE.mil/costs/compare](https://tricare.mil/costs/compare)

Also, the video produced for the Air Force Retiree Activities Program is finished and now available for viewing at https://www.youtube.com/watch?v=4_NhlwXVjAA, or visit the Hot Topics section of our website at www.retirees.af.mil.

Tricare Pharmacy Copay Update: 1 JAN 2020 Increase

Source: MOAA Newsletter: Kathy Beasley

The cost shares for your medications, if you do not receive them at a DoD military treatment facility, will increase on 1 JAN. Recall back in the 2017 NDAA, TRICARE’s pharmacy cost shares changed across all medication tiers, and a new fee table was introduced. Beneficiaries saw their prescription fees start to rise in 2018 and 2019. As MOAA published at the time, these fees will accumulate and continue to rise annually until 2027. According to a large percentage of respondents who have taken MOAA’s health care surveys, many still recall the “sticker shock” they experienced when their mail order generic medication went from \$0 to \$7 – it was not so bad if you only had to take one, but most people take several so it added up very quickly. Below are the new FY 2020 fees for all TRICARE pharmacy medication tiers and the year over year annual increases:



	Current Rate	FY 2020 Rate	FY 2027 Rate	Annual % Increase 2019-2020
MTF Pharmacy (90-days)	0	0	0	0%
Retail (30-days)				
Generic	\$11	\$13	\$16	18%
Brand	\$28	\$33	\$48	17%
Non-Formulary	\$53	\$60	\$85	13%
Mail Order (90-days)				
Generic	\$7	\$10	\$14	42%
Brand	\$24	\$29	\$44	20%
Non-Formulary	\$53	\$60	\$85	13%

These annual average increases continue to be substantial, especially if CPI remains tame and retired pay and social security incomes stay flat. The bottom line is, TRICARE pharmacy fees and other provider visit cost-shares and premiums for both TRICARE Prime and TRICARE Select, are starting to squeeze beneficiaries. MOAA continues to press the DoD to show the results of how much revenue is being generated from beneficiaries and where it is being directed. We maintain any savings should be re-invested into the TRICARE

health program, not diverted into other un-specified accounts. MOAA intends to focus on, and to bring Congressional attention to, any new TRICARE fee increases as we continue to battle to reduce several past disproportional increases.

TRICARE Open Season - Begins 11 NOV - Time to Make Changes to Coverage

Source: *TRICARE Communications*

Open season is an annual period when you can enroll in or change health plans for the next year. Now is the time to think through whether you or your family members want to make changes to your current health, dental, and vision plan coverage. Two open seasons run at the same time this fall: [TRICARE Open Season](#) and [Federal Benefits Open Season](#). Both the TRICARE and FEDVIP open seasons begin on 11 NOV and end on 9 DEC. Enrollment choices made during this period will take effect on Jan. 1, 2020.

- TRICARE Open Season applies to anyone enrolled in or eligible for [TRICARE Prime](#) (including the [US Family Health Plan](#)) or [TRICARE Select](#).
- Federal Benefits Open Season is for enrollment in the Federal Employees Dental and Vision Insurance Program (FEDVIP).

“Every year your health coverage needs may change,” said Mark Ellis, chief of the Policy and Programs Section of the TRICARE Health Plan at the Defense Health Agency. “Open season is your chance to think about the kind of coverage you’ll need for the upcoming year and make any changes.” To get ready for open season, you can use tools on the TRICARE website, like the [TRICARE Plan Finder](#) and [TRICARE Compare Cost Tool](#). These resources help you see which plans you’re eligible for and help you to compare plans and costs. On the [FEDVIP enrollment website](#), you can enroll in or make changes to your FEDVIP plan. The website also provides tools to help you find the right dental and/or vision plans for you and your family.

If you’re eligible to participate in TRICARE Open Season, you have three choices for your 2020 health coverage:

- Do nothing. If you want to stay in your current TRICARE health care plan, you don’t have to take any action. You’ll continue in your current health plan through 2020 or as long as you’re eligible.
- Enroll in a plan. If you’re eligible for TRICARE Prime or TRICARE Select but not enrolled, you can enroll in a plan now.
- Change plans. If you’re already enrolled in a TRICARE Prime or TRICARE Select plan, you can switch plans and switch between individual and family enrollment.

TRICARE Open Season doesn’t apply to [TRICARE For Life](#) (TFL). TFL coverage is automatic if you have Medicare Part A and Medicare Part B. Open season also doesn’t apply to the following premium-based plans which you can purchase any time:

- [TRICARE Retired Reserve](#)
- [TRICARE Reserve Select](#)
- [TRICARE Young Adult](#)
- [Continued Health Care Benefit Program](#)

Outside of TRICARE Open Season, you can only enroll in or make changes to your TRICARE Prime or TRICARE Select plan following a [Qualifying Life Event](#) (QLE). A QLE is a certain change in your life, such as marriage, birth of a child, change of address, or retirement from active duty. Different TRICARE health plans may be available to you and your family members after a QLE.

What can you do during Federal Benefits Open Season?

Your chance to enroll in FEDVIP is during the [Federal Benefits Open Season](#). FEDVIP, managed by the U.S. Office of Personnel Management, offers eligible TRICARE beneficiaries a choice between multiple vision and dental plans and carriers. Some plans offer both high and standard options. If you're already enrolled in a FEDVIP dental and/or vision plan, your enrollment will automatically continue in 2020. If you wish to make changes to your existing plan, you must do so during open season. Those eligible for FEDVIP dental coverage include:

- Retired service members and their eligible family members
- Retired National Guard and Reserve members and their eligible family members
- Certain survivors
- Medal of Honor recipients and their immediate family members and survivors

To enroll in a FEDVIP vision plan, you must be enrolled in a TRICARE health plan or have TFL coverage. Those who may qualify to purchase FEDVIP vision coverage include:

- Active duty family members
- National Guard and Reserve members and their eligible family members
- Retired service members and their eligible family members
- TRICARE For Life beneficiaries

Take command of your health and learn about this year's TRICARE Open Season and Federal Benefits Open Season. If you want to change your 2020 coverage, you must take action during open season. Sign up for email updates about open season on the [TRICARE website](#).

Medicare Dental Coverage - Routine Dental Care Not Covered Under A or B

Source: TSCL Advisor

One-out-of-three adults covered by Medicare is not getting regular routine dental care, according to the Senior Citizens League 2019 Senior Survey. They estimate that translates to roughly 20 million older Americans who are going without bi-annual cleanings, X-rays, and dental exams. Medicare does not cover routine dental health services, and that often comes as a shock to new beneficiaries. More than half of survey participants say they do not have any dental insurance coverage.

The high cost of treatment is a frequently cited barrier by those who are not getting the dental care they need. Elizabeth H., a retiree living in Colorado says "I do not have the \$7,000 I was told that I needed to get my teeth fixed. They need to either be pulled and a bridge put in, or root canaled. Being on a limited income, I do not see getting any of this done, and so it affects my health negatively. Without dental care, I'm not as healthy as I could be." Advancing age puts many retirees at risk of oral health problems. A common cause of cavities is dry mouth, a side effect of more than 500 medications. Periodontal disease is widespread, even though it can be prevented with regular visits to the dentist and cleanings. In addition, research shows a strong link between oral health and a host of other diseases.

Poor oral health makes serious medical conditions more difficult to treat. Researchers have found links between gum disease and other inflammatory conditions such as heart disease, stroke, diabetes, respiratory, and Alzheimer's disease. Improved oral care on the other hand, can reduce medical costs in patients with inflammatory diseases, according to research published in the American Journal of Preventive Medicine. To improve health outcomes for beneficiaries and reduce Medicare spending on diabetes and other inflammatory diseases, Medicare needs to cover routine dental care. More than 81% of participants in TSCL's 2019 Senior Survey agree.

The Senior Citizens League strongly supports legislation in both the House and the Senate that would address this issue. H.R.576 Seniors Have Eyes, Ears, and Teeth Act introduced by Rep. Lucille Roybal-Allard (CA) in the House would expand Medicare to provide routine dental care. In the Senate, S.22 Medicare Dental Benefit Act, introduced by Senator Ben Cardin (MD) would also provide coverage for dental care. When attending

town halls, find out how your candidate stands on this issue. Ask whether he or she supports expanding Medicare coverage to dental care.

Note: TSCL (TREA Senior Citizens League) consists of vocally active senior citizens concerned about the protection of their Social Security, Medicare, and veteran or military retiree benefits. TSCL was first established as a special project of The Retired Enlisted Association (TREA). On January 1, 1995, TSCL became an independent 501[c]4 citizens' action organization.

Medicare for All: TSCL Senior Survey Finds Tepid Support

Source: TSCL Advisor

As Congress and Democratic candidates debate Medicare-for-all, TSCL's 2019 Senior Survey finds tepid support among older Americans for expanding Medicare to everyone. On the other hand, our survey found some support for allowing the 55-64 group the opportunity to "buy-in" to Medicare. Here's how Senior Survey participants responded:

"In general, do you feel that the eligibility age for Medicare should be gradually lowered so that all Americans can get healthcare?"

Oppose	49%
Support	35%
Not sure	16%

"In general, do you feel adults age 55 to 64 should have the option to 'buy-in' to Medicare?"

Support	57%
Oppose	25%
Not sure	18%

While there are numerous proposals to reform our nation's healthcare system under debate, a new poll by the non-partisan Kaiser Family Foundation found that most Americans know little about the leading Medicare-for-all proposals and how those proposals would affect the way all Americans, including Medicare recipients, receive and pay for our healthcare. Tricia Neuman, of the non-partisan Kaiser Family Foundation recently testified at a House hearing on Universal Health Coverage and in her comments about major proposals under discussion, explained a Medicare buy-in. In her testimony, Neuman said the approach focuses on older adults 50 to 64 "because they face high premiums in the healthcare marketplace, particularly when their incomes are just above the limit for tax credits."

A Medicare buy-in would cover Medicare benefits, Part A, B, and D, and would allow individuals to apply Affordable Care Act premium tax credits and subsidies toward their Medicare buy-in coverage. A Medicare buy-in would use Medicare rates to pay hospitals and healthcare providers to reduce costs and premiums, rather than the higher rates typically paid by private insurers, and thus reduce premiums and spending. Most importantly, the buy-in proposal would keep the financing of the new program separate from the current Medicare program, and explicitly prohibit the new program from having an impact on premiums and benefits in the current Medicare program. To view more public opinion poll findings on Medicare-for-all, the Kaiser Family Foundation has prepared [a slideshow](#) with charts illustrating support for various Medicare-for-all proposals.

Fall Prevention - Tips to Keep You on Your Feet

Source: NIH News in Health

Each year millions of Americans, especially older adults, go to the emergency department after an injury from a fall. "These falls can cause serious injuries—back fractures, hip fractures, as well as head trauma," says Dr. David B. Reuben, a healthy aging expert at the University of California, Los Angeles, who co-leads one of the

largest prevention studies for falling. Some people are never able to return to their way of life before an injury. Several kinds of health care providers can help those at risk of falling. “It’s actually a group effort,” Reuben says. Your doctor can be the first step. They can develop a prevention plan and refer you to other types of providers if needed.

The biggest risk factor for being injured from a fall is being age 65 or older. People younger than that may be at increased risk of falling when they engage in certain activities, like sports, or because of certain health conditions. But children and young adults typically fall without being seriously injured. People with weak bones are more likely to break a bone during a fall. As you get older, your bones become less dense. They get thinner and spongier. If that goes too far, it’s called osteoporosis. Osteoporosis makes your bones fragile. Having enough calcium and vitamin D can help keep your bones strong. So can getting treatment for osteoporosis if needed.

Other risk factors include finding it challenging to walk or keep your balance. Problems with foot pain or unsafe shoes can make these more difficult. And certain medicines you’re taking might cause you to feel tired or woozy. Some people have a drop in blood pressure when they stand up. That can make you feel dizzy and fall. As you age, your eyesight, hearing, and reflexes may not be as sharp as they once were. Those changes can make it more likely you’ll stumble and fall. For older adults who have already fallen, the risk of falling is much greater.

Refer to the following Wise Choices for ways to lower your risk of falling. Your doctor can help you make a personalized plan for preventing falls. They may encourage you to work with a physical therapist to increase your strength and improve your balance. They can also prescribe devices like special footwear or a walking cane.

- Talk openly with your health care provider about falls.
- Find out about the side effects of any medicine you take.
- Stay physically active to improve your balance and strength.
- Have your eyes and hearing checked regularly.
- See your health care provider about any foot problems. Make sure to discuss proper footwear.
- Make your home safer. Remove things you can trip over from stairs and walkways.
- Have grab bars and non-slip mats in bathrooms.
- Hold on to handrails when using stairs.

Your plan for preventing falls may include getting more physical activity. Studies have shown that both individual and group exercise classes can help older adults prevent falls. Research suggests that this is true even for people 65 and older who are at higher risk of falls only because of their age. You may also want to fall-proof your home. An occupational therapist can teach you about the safety hazards in your home. Keep your home tidy and well-lit to avoid stumbling over objects. Also, avoid having small area rugs that you could trip on. Making a habit of holding onto the handrails when you use stairs can keep you safer, too. If you fall, it’s important to tell your doctor, especially if you’re an older adult. “This is something that you really want to pay attention to,” Reuben advises. Your doctor can help you make changes in your life to prevent another fall.

Vaccines - CDC Says You need these 4 if You are Age 50+

Source: MoneyTalksNews; Chris Kissell

With summer fun now behind us, it’s time to prepare for a long fall and winter. So, if you are 50 or older, consider scheduling vaccinations that can keep you healthy — and even save your life. The aging process weakens our immune systems, putting us at greater risk for several types of disease, according to the U.S. Centers for Disease Control and Prevention. For this reason, the CDC recommends adults 50 or older schedule the following vaccines. Just talk to your doctor before getting any vaccine, as there are some exceptions to CDC recommendations.

Flu shot

The CDC recommends that all adults get a flu shot, but it is particularly important for older adults and those with chronic health conditions such as diabetes, asthma and heart disease. These people have a greater risk of developing serious complications if they catch influenza. While the flu might seem like a minor nuisance, it can be deadly. As the CDC reminds us: "Every year in the United States, millions of people are sickened, hundreds of thousands are hospitalized and thousands or tens of thousands of people die from the flu."

Shingles vaccine

Around 1 in 3 Americans will develop shingles at some point, and the risk of getting the painful rash grows with age, according to the CDC. This painful condition can cause symptoms that last months or years. It can even cause permanent blindness, as we report in "[This Cause of Blindness Is Soaring Among Seniors](#)." A newer vaccine, called Shingrix, is more than 90% effective in preventing shingles in older people, according to the CDC. But the vaccine has been running short for years. So, call your health care provider now to set up an appointment for the two-dose vaccine. Or, use the CDC's Vaccine Finder tool or the Shingrix locator tool from GSK, the vaccine's manufacturer.

Tdap or Td vaccine

The Tdap vaccine protects you against tetanus, diphtheria and pertussis. Chances are good that you have had this vaccine in the past. But if you haven't, the CDC urges you to get it "as soon as possible." The Td vaccine only protects against tetanus and diphtheria, and requires a booster every 10 years.

Pneumococcal vaccines

Pneumococcal vaccines help protect against pneumococcal disease, meaning infections caused by the *Streptococcus pneumoniae* bacteria. The CDC recommends all adults age 65 or older get both types pneumococcal vaccines that available in the U.S.: pneumococcal conjugate and pneumococcal polysaccharide.

Army Reserve Enlistment - Leaked Document Revelation

Source: Task & Purpose; Haley Britzky/Paul Szoldra

The recruiting commercials for the Army Reserve proclaim "one weekend each month," but the real-life Army Reserve might as well say "hold my beer." That's because the weekend "recruiting hook" — as it's called in a leaked document compiled by Army personnel for the new chief of staff — reveal that it's, well, kinda bullshit. When they're not activated or deployed, most reservists and guardsmen spend one weekend a month on duty and two weeks a year training, according to the Army recruiting website. But that claim doesn't seem to square with reality. "The Army Reserve is cashing in on uncompensated sacrifices of its Soldiers on a scale that must be in the tens of millions of dollars, and that is a violation of trust, stewardship, and the Army Values," one Army Reserve lieutenant colonel, who also complained that his battalion commander "demanded" that he be available at all times, told members of an Army Transition Team earlier this year.

In addition, the colonel added, the Army Reserve had sucked up so much of his time that he was "struggling to keep his marriage and family together." The quote was among several compiled by an Army-wide team tasked with compiling data and answering questions for new Army Chief of Staff Gen. James McConville. They also offered up plenty of gripes among the rank-and-file, to include their near-universal hatred of the service's "Sustainable Readiness Model" of getting soldiers ready for combat — which, according to soldiers, quite often has reservists working overtime for no pay. "Not only are Soldiers presenting themselves in uniform more often, but more importantly, there is a greater expectation that Soldiers, on non-pay status, complete military work in order for the unit to maintain their readiness," said one staff sergeant in the Army National Guard.

Under the theme "Readiness demands are breaking the force" in the 142-page document, which was obtained by Task & Purpose earlier this week, the report's authors note a sentiment among soldiers that SRM is "neither sustainable nor effective," since they are under constant stress to meet quotas for mandatory training programs — while other things like housing, job satisfaction, and healthcare tend to go out the window. "The Reserve Component feels this strain too," the authors write, "which manifests in additional time necessary to meet requirements outside of the espoused one weekend a month, two weeks a summer recruiting hook." For example, according to one Army major with 12 years in the reserves: "I'm taking vacation

days from my civilian job to keep up with metrics and mission. Give me more time and money for the job I'm doing. The only reason I am staying is to get the 20 year pension." "We tell our Soldiers, if you're at an interview don't tell people that you're a reserve component Soldier," said another Army Reserve captain. "When I was a Reserve Company Commander I worked 20 hours a week for the Army for free. Right now I lose 2-3 months a year for reserve component commitments."

Though the personal feedback from soldiers was limited, it was "honest and emblematic of the force as a whole," wrote Lt. Gen. Eric Wesley, Army Transition Team director, in the report's executive summary. "The Army Reserve has this fundamental imperative to be ready enough for the next fight," Chief of Army Reserve, Lt. Gen. Charles Luckey, told reporters earlier this year. "But not so ready that we can't keep meaningful civilian jobs, and a healthy family lifestyle. We have soldiers out there every day that are committed to something larger than themselves: selfless-service support in defense of the United States of America. It is a national imperative to continue to share this talent, and encourage and incentivize our soldiers to continue to serve."

Korean War Vets - Regina Schiffman

Source: Vantage Point; Ashley Levi

Army Veteran, Jean Schiffman grew up in Philadelphia, Pennsylvania. After graduating high school, began a three-year nurse training program at Hahnemann Hospital School of Nursing, which is now Drexel University's College of Nursing and Health Professions. After completing the program and qualifying as a registered nurse, Jean began work at New York-Presbyterian Hospital in New York City. In 1949, Jean joined the United States Army Nurse Corps and received basic training at Fort Sam Houston, Texas. In 1951, Jean deployed to Korea with the 8063rd Mobile Army Surgical Hospital. There, she served as an operating room nurse and was responsible for assisting Army surgeons and injured U.S. service members.

Regarding her time in Korea, Schiffman said in a 14 JAN 2014 interview:

"Our hospital was a tent, initially — later they put it into a frame — but it was a tent with just canvas over the dirt for the floor. We had a potbellied stove in there. The patients we had—the stretchers were brought in, we put on horses; we didn't have operating room tables. Our enlisted personnel were really great and they devised an actual scrub sink. They had a big tank outside where they heated water and we could actually scrub with not ice cold water for surgery. Our living was really hard. In the winter time, you'd wake up in your sleeping bag and we slept on cots with sleeping bags and looked up and there were icicles because our potbellied stove line would be frozen and no heat. Then we didn't want to get out of the sleeping bags because then we had to go to the latrine. It's a tent where the seats would be frozen. That's a wild, bad awakening in the morning. Really got you going, though."

And overall, our food was relatively okay. We ate out of mess kits, and I think -- one thing, like our shower broke down so that for six months we strictly were washing out of our helmet. And I think one thing that really strikes me is that you really learn to appreciate the very simple things in life, like being able to take a bath, being in a bed, being able to drink milk. We didn't get -- we got that powdered stuff or whatever it was over there. And there was a picture there where I went to Tokyo to meet a regular army board. I had TDY and that was like in heaven because I was able to do these things and realize that, you know what, these things are simple and yet I'd been missing them. We had wonderful -- we really had a wonderful group there, like one big family. We were out in the field, not near any town or anything like that. There were civilians not allowed, except we had some young boys cleaning for us and that was about it. Is that enough about Korea?

After spending a year in Korea, Schiffman returned to the United States, assigned to Fort Knox, Kentucky, then Aberdeen Proving Ground, Maryland. She later served at Valley Forge Army Hospital, Pennsylvania; Landstuhl and Frankfurt, Germany; and Brooke Army Medical Center at Fort Sam Houston, Texas. After serving four years at Brooke Army Medical Center, Schiffman completed her bachelor's degree in nursing. She later served in Japan and Fort Benning, Georgia, where she taught nursing until she retired from the U.S. Army in 1970 at the rank of lieutenant colonel. For exceptional dedication throughout her service, she earned the Meritorious Service Medal.

Schiffman passed away on July 15, 2014 at the age of 89. More of her story can be found at: <http://memory.loc.gov/diglib/vhp/story/loc.natlib.afc2001001.41229/transcript?ID=sr0001>. We honor her service.

Airline pilot flies dad's remains home from Vietnam 52 years after seeing him off at same Dallas airport

Source: Doug Stanglin, USA TODAY

When Air Force Maj. Roy Knight, Jr., left Dallas for Vietnam 52 years ago, his 5-year-old son, Bryan, came to Dallas Love Field to see him off. On Thursday, Bryan, now a captain for Southwest Airlines, brought back his father's remains aboard a flight to the same Dallas airport.

Knight, born in Garner, Texas, was 36 when he was shot down while attacking a target on the Ho Chi Minh trail in Laos on May 19, 1967, [according to White's Funeral Home](#) in Weatherford, Texas.

Jackson Proskow, Washington bureau chief for Canada's Global News, was on a layover from El Paso to Washington on Thursday when he witnessed the moving ceremony at the airport. Proskow watched as the flag-draped casket was delivered into the arms of a military honor guard.

In a series of tweets, Proskow reported that the Dallas Love Field terminal came to a standstill.

"Incredible moment to watch," Proskow wrote. "The entire airport fell silent."

In 1967, Knight was leading a flight of two aircraft on a strike mission when his aircraft was hit by anti-aircraft fire, [according to the Defense POW/MIA Account Agency](#). "No parachute was observed prior to the aircraft crashing and bursting into flames," the agency says. "Additionally, no beeper signals were heard. While search and rescue efforts were initiated, an organized search could not be conducted due to intensity of hostile ground fire in the area."

Knight, officially listed as MIA, was declared deceased in September 1974, when his son, Bryan was just 12. In 1991 and 1992, almost 20 years after the end of the Vietnam War, joint U.S.-Laos teams investigated a crash site allegedly associated with Knight's loss, recommending it for excavation. From 1994, the site was examined five times.

In early 2019, a joint team recovered possible human remains and life support items that led to the identification of Knight's remains.

On Thursday, at the airport, hundreds of crew members, onlookers, friends, and military personnel, gathered on the tarmac, according to a [livestream](#) by WFAA on its Facebook page. Some brushed away tears, many had their hand over their heart.

Two fire trucks sprayed an arc of water over the Southwest airlines plane, which brought the remains home on the last leg from Oakland, as it rolled slowly to the terminal.

Proskow said the story Knight, who was subsequently promoted to colonel, and his son, Bryan, who also served in the Air Force, was announced over the airport intercom as the moving scene unfolded.

"The gate agent was very emotional as he told the story over the PA," Proskow wrote. "They handed out American flags to everyone at the gate."

There are 1,588 department of defense personnel still unaccounted for from the Vietnam War, according to DPAA.

Note: Save this page and cut out the 2020 Monthly Luncheons

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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