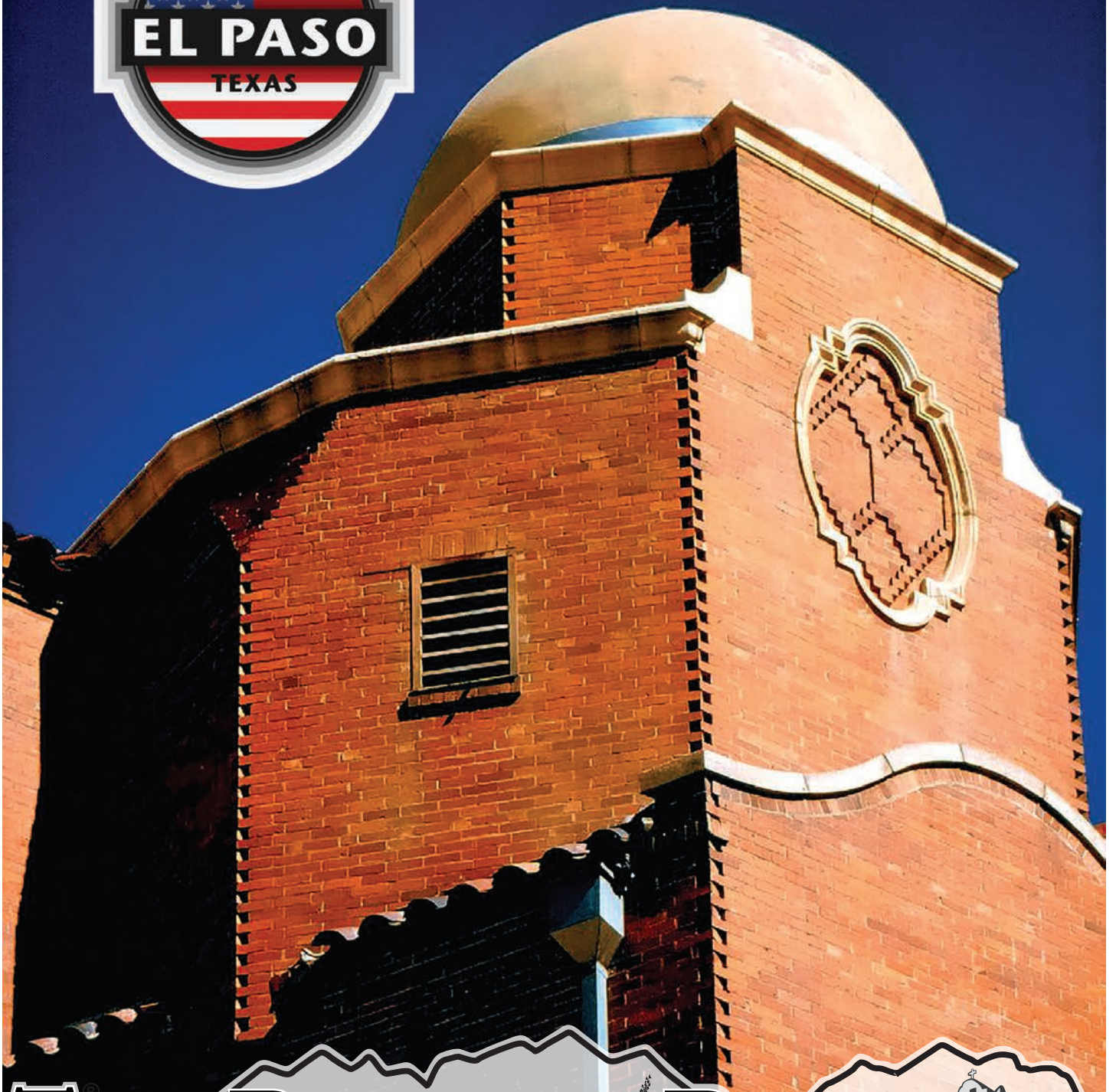


2019 | February



THE BORDER BULLETIN

EL PASO CHAPTER OF MILITARY OFFICERS ASSOCIATION OF AMERICA



Nationally Ranked Five-Star Chapter • MOAA Affiliate from January 23, 1956 • Our 63rd Year

Inside this issue:

3

President's Message

5

Luncheon Menu
Program
Guest Speaker

6

Events Schedule

7

Doc's Corner

9

Surviving Spouse Liaison

10

Army Nurse Corps History ...

11

Personal Affairs

12-13

EP MOAA Images

15

Membership

18

Chaplain Corner

19

Legislative

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The advertisements that appear in this publication/website do not reflect an endorsement by MOAA or the El Paso Chapter.

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Editorial Policy

MOAA national and the El Paso Chapter (a MOAA affiliate) are independent, nonprofit, and politically nonpartisan organizations.

EL PASO CHAPTER NATIONAL AWARDS

Levels of Excellence

Runner-up

2000 and 2001

Five-Star Chapter

2001 thru 2018

Communications Award Print Newsletter

Five Star

2015 and 2016

Four Star

2017

Winner

2004, 2012, 2013 and 2014

Runner-up

2008 thru 2011

Communications Award Print Legislative Coverage

Winner

2008, 2009, 2011 and 2012

Communications Award Website

Five-Star

2015, 2016 and 2017

Winner

2010 thru 2013

Runner-up

2009 and 2014



PRESIDENT'S MESSAGE

COL Forrest Smith, USA, Retired

This January your El Paso Chapter of MOAA celebrated its 63rd Anniversary. This year, for the 11th year in a row, MOAA remains among the Top 50 of all Washington Lobbyist organizations, and the only Veteran Service Organization on that list, committed to lobbying Congress specifically for your benefits and services. Your El Paso Chapter has continued to be recognized nationally as a Five Star Chapter for each of the past 17 consecutive years. On behalf of the Board of Directors, I want to thank you for your continued support.

Recently, MOAA National published its legislative agenda for 2019. Key goals include:

- o Ensure any TRICARE reform sustains access to top-quality care.
- o Prevent disproportional TRICARE fee increases.
- o Sustain military pay comparability with the private sector
- o Stop erosion of compensation and non-pay quality-of life benefits.
- o End financial penalties for military survivors.
- o End concurrent receipt penalties for military retirees.
- o Achieve equity of benefits for Guard and Reserve members with their active duty counterparts.
- o Strengthen DOD-VA collaboration and services to support wounded warriors and expanding population of women veterans.
- o Ensure timely access to service-earned VA benefits.
- o Protect military and veteran family support programs and policies.

At the local level this year, 2019 brings with it as many opportunities as it does challenges, especially in the area of supporting Veterans benefits and services. With a new Congress-woman entering office, it is essential to identify consensus priority veteran issues, and for the collective veteran's organizations in El Paso to collectively agree on those priorities. Currently there are numerous veteran "coalition" initiatives in the El Paso area. We continue to attempt to discern the range of independent VSO efforts locally, but a couple of the more well-known, local, "coalition"/collaboration efforts include the following:

- o Paso Del Norte Borderplex Veteran Coalition - begun in March 2018, and led by LTC (Retired) George Whitmire, provides excellent outreach to VSOs.
- o Comrades in Action Summit (19 Jan 2019)
- o State Senator Jose Rodriguez's monthly Veteran's Advisory Committee.
- o "El Paso Veteran's Coalition". Not sure who the current leader is, its agenda, or meeting frequency.
- o El Paso City Veteran's Advisory Committee. Chaired by Bill Sparks, who also happens to be vice-chair for the County Veteran's Advisory Committee.
- o The Veteran's Experience Office, as part of the Department of Veterans Affairs, Veteran's Family and Community engagement effort.
- o El Paso Chamber Veteran's Advisory Committee.
- o Ft Bliss Retiree Council – host for the Retiree Appreciation Day (RAD) event on Ft Bliss.

There is opportunity in 2019 to pursue a clearer understanding of the numerous "coalition" efforts, to unify efforts, and to more effectively organize city, county, and state efforts to achieve consensus on priority veterans' issues in order to more effectively inform congressional support at the local level. There is also opportunity to expand the current RAD format to consist of a week-long series of veteran focused events, that might include veteran service organization engagements with the purpose to validate consensus priorities, and to then communicate those priorities to elected officials at the city, county, state and national levels via a series of forums. This year we will seek to better understand the numerous local "coalition" initiatives, and actively support efforts to unify those initiatives. We owe it the veterans themselves and to our elected leaders charged with supporting veteran's, to speak with one voice representing consensus priority veteran's issues.

"Never Stop Serving"

Stay connected to MOAA:

EL PASO MOAA CHAPTER: www.elpasomoaa.org;

FACEBOOK: www.facebook.com/moaa; www.facebook.com/moaaspouse;

LINKEDIN: www.moaa.org/linkedin;

YOUTUBE: www.youtube.com/TheMOAAChannel

EL PASO MOAA OUTREACH FOUNDATION

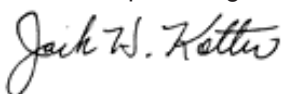
FEBRUARY 2019

The El Paso MOAA Outreach Foundation has had an exciting and a helping 2018. We were able to assist many Veteran and Military programs to fulfill the Charter requirements. The Foundation provided funds to the ROTC Gold Bar, Ft Bliss Memorial Day Support, Homeless Veteran Stand-Down, Junior Enlisted Food Pantry, and JROTC Award programs. There were new Foundation involvements with the Veteran Transition Living Center for computer work stations and Veterans Treatment Court program recognition. Also financial support was provided for Bataan Memorial Death March participation, Ft Bliss National Cemetery Flag Expansion effort, and Honor Flights program. The Foundation provided financial relief support to Veteran victims of Hurricane Harvey. All of this activity resulted in a \$7,132.16 expenditure of funds. Your gifts and a MOAA grant provided a funding budget of \$10,304.37. Again, thank you for your generous financial support. Another new initiative is the partnership that has developed with National University to provide support to the Veterans Transitional Living Center to enhance the Foundation's donation of three computer systems to the center, National University will provide a copier/fax/printer work center, one standup computer desk, and two regular computer desks for the work center.

The Foundation Board will start 2019 with a bank account fund that will have a larger balance than last year. The Foundation assistance will continue with the current list of supported activities and will add a JROTC Cadet of the Year and a ROTC Scholarship programs. This assistance will be provided by your generous support. The Board will be searching for new programs where assistance can be provided as required by the Charter. Additionally if new programs are identified the Foundation will be applying for Grants from Charity Programs of various Corporations for new funds.

I look forward to another exciting, productive, and assisting year to our Veterans, Military families, and Military programs

Never Stop Serving



Jack H. Kotter
BG, USA, Retired

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**The El Paso Chapter MOAA
needs you!**

**You Need MOAA!
See Membership!**



FREE BASIC MEMBERSHIP

(in MOAA National) to active warrant and commissioned officers dedicated to maintaining a strong national defense and to preserving the earned entitlements of members of the uniformed services, their families and survivors.

Contact the El Paso MOAA Membership Director (membership@elpasomoaa.org) for additional information.

FEBRUARY GUEST SPEAKER



Colonel Michael J. Hester
Fort Bliss, Texas

COL Mike Hester was commissioned as an Armor Officer from Norwich University in 1990.

COL Hester's initial duty assignments include the 5th Infantry Division, Fort Polk, LA and the 2nd Armored Division, Fort Hood, TX, where he learned the profession of arms from duties as a Platoon Leader, Mortar Platoon Leader and Company Executive Officer (XO). In 1995, he deployed as part of Task Force 1-66th Armor to Guantanamo Bay, Cuba, as part of Joint Task Force 160. Following schooling at the Advanced Officers Course, COL Hester

deployed to the Balkans with the 1st Infantry Division and commanded C Company, 2-63rd Armor, 3BCT, 1st Infantry Division then located in Vilseck, Germany. Subsequently assigned to Fort Drum, NY, COL Hester served as the Brigade Operations Officer of 2nd Brigade, 78th Division (Training Support). He then attended Command and General Staff College in 2001.

COL Hester executed his initial field grade duties in Korea as the S3 and XO for 1-72nd Armor "1st Tank" and completed his tour as the Brigade S3 for 1st Brigade, 2nd Infantry Division. He returned to the United States to an assignment at the National Training Center's Tarantula and Bronco Observer Controller teams in Fort Irwin California. In 2007, he led a Brigade Military Transition Team in Diyala Province, Iraq, advising the 20th Brigade, 5th Division, Iraqi Army. COL Hester returned to Fort Irwin to command 2nd Squadron, 11th Armored Cavalry Regiment and upon relinquishing command returned to Iraq in 2010 as the Deputy Brigade Commander for the 2nd "Dagger" Brigade, 1st Infantry Division during "Operation New Dawn." He graduated from the Army War College in

Con'td on page 8

Lunch Menu FEBRUARY

Steak Tampiqueña
with chili and cheese,
Black Beans, and Cilantro Rice
Sautéed Broccoli Almandine
Tossed Green Salad w/Dressing,
Roll & Butter
Water, Coffee & Iced Tea

Meeting Program

Saturday, 9 February
Underwood Golf Course

Sequence of Events

11:00 — 11:45	Social Hour
11:45 — 1200	Opening Ceremony
12:00 — 12:45	Meal Service
12:45 — 13:30	Program
13:30 — 13:45	Door Prize Drawing
13:45 — 14:00	Closing Ceremony

Please submit your Lunch Reservations no later than Monday, 4 February, 2018

Treasurer: MOAA
PO Box 6144
El Paso, TX 79906-0144

All dinner reservations
with payment to our
postal mail box

\$20 Per Person

**REMITTANCE
ENVELOPE ENCLOSED**



Colonel Forrest Smith, Chapter President, greets Captain A. Roger Nichols, Guest Speaker, at the December 2018 Membership Meeting and Luncheon.

Report a Retiree Death

Monday - Friday:

0730 - 1700

915-568-5207

After Hours (Installation)

915-569-6950/6951

NEW MEMBERS

SFC Harry Horonzy

RENEWALS

Mrs. Mary Henry

LTC Everett Bills

Mrs. Reva Reel

MG Charles Rodriguez

COL Lennie Enzel

COL James Scott

LTC Dave Powell

CPT Dave Thackston

LTC Anthony Traficante

CW4 Robert St Almond

CW4 Harold Morgan

CDR Roger Springstead

SGM Velton Locklear

LTC William Davitt

LTC Martha Caldwell

NEW ONLINE NOTICE OF DEATH OPTION

Reporting the death of a retiree can be a difficult time for anyone. We know that many in the RSO community will assist the family with this task, and waiting on the phone to report a death can take valuable time out of your day. Therefore, DFAS has worked to correct the issues that forced the removal of the online form used to report the death of a retiree. We are pleased to report that as of March 1, 2018, the online option has been restored.

To use the online Notice of Death option, click on the link at the top of the Retired Military & Annuitants main page, which is located at <https://www.dfas.mil/retiredmilitary>. This will take you to a form where you will enter all of the pertinent information.

When reporting a retiree's death, be sure to have the following information available:

- Retiree's full name
- Retiree's SSN
- The date of death
- Cause of death
- Marital status
- If married, the wedding date

The form also asks for your name, address, phone number and email address. As a third party completing this form for someone else, please use the information of the person who reported the death to you. Updates on the status of the claim will be sent to the email address pro-vided, including an email verifying that the notification was received.

WBAMC Pharmacy Services

Main Hospital Pharmacy / 915-742-2793

Monday through Wednesday and Friday 7:30 AM – 6:00 PM

Last Thursday of every month 8:30 AM – 6:00 PM

Saturday 9:00 AM – 5:00 PM

Closed Sundays and Federal Holidays

Freedom Crossing PX Pharmacy / 915-742-9017

Monday – Friday 8:30 AM – 6:00 PM

Saturday & Training Holidays 9:00 AM – 5:00 PM

Closed Sundays and Federal Holidays

Soldier and Family Medical Clinic (SFMC) Pharmacy / 915-742-1802

Monday – Friday 7:30 AM – 6:30 PM

Closed Saturdays, Sundays, and Federal Holidays

Soldier Family Care Clinic (SFCC) Pharmacy / 915-742-1400

Monday – Friday 7:30 AM – 6:30 PM

Closed Saturdays, Sundays, and Federal Holidays

Pharmacy Refill Services 915-742-1400

EL PASO VA HEALTH CARE SYSTEM PHARMACY

There are four convenient options for refilling prescriptions which can then be mailed directly to your home.

Choose any process that is easy for you to use:

- Call the automated phone system at (915) 564-6100 ext. 6110 or 1-800-672-3782 ext.6110. Follow the directions to process your refill.
- Mail in your refill slips.
- Drop the refill slip in the mail-out box located in the pharmacy.
- Use the MyHealtheVet Website: www.myhealth.va.gov Please note, window service at the Pharmacy will be limited to new prescriptions only. So, for all refills, please use one of the 4 options listed above.

Location: 2nd Floor, West Hallway.

Hours:

Mon - Fri., 8:00am-4:30pm;

Except Tues., 9:00am-4:30pm



DOC'S CORNER

Dr. William Davitt

As you know very well, there are two levels of eye care providers: those who benefit from an extensive medical education, and those who do not. And you know how to tell who's who: look for the MD after the name. But what's the difference?

Medicine, in 2018 and beyond, judges how it's doing by outcomes. How did the patient wind up? And I can give you outcomes on three patients I've personally cared for.

CASE ONE A lady who's friend told her to go to Dr. A because he has nice glasses on display. This patient was under my care for advanced glaucoma, but as an eye surgeon and physician, the last thing I care about is glasses. Anyway, Dr. A prescribed some glasses, and told my patient she didn't



have glaucoma and she could stop her drops. Eventually the patient found her way back, and was willing to restart glaucoma treatment. Solid data proved she had advanced glaucoma with permanent and possibly progressive loss of vision. And we can't give that back. The kicker is she can't see out of her expensive glasses. Why not? Because she has advanced glaucoma and glasses don't fix eye diseases.

CASE TWO Before seeing me, another patient went to Dr. A, and was prescribed glasses and eye exercises. That patient was seeing double because the nerve that's supposed to tell her eye to move outward, wasn't getting enough oxygen due to diabetes. Because the double vision persisted, the patient found me. Part of a proper investigation for her problem was imaging [MRI], and this revealed a brain tumor pressing on both optic nerves. Because of a great neurosurgeon in town,

my patient is doing well.

CASE THREE A patient found me after years of eye drop treatment by Dr. B for 'glaucoma.' Because not everything fit, I ordered an MRI, and sadly, the patient's vision loss was due to permanent damage from a tumor pressing on one optic nerve. Again, a neurosurgeon came to the rescue, but sadly, the patient's vision loss was permanent.

I could go on with 38 years of such cases. But hopefully you got the message. Now, anyone can have a bad day, and miss something. What I do is run a list of the patients I'm worried about, and check on them by phone. When things don't fit, I dig deeper: imaging; subspecialty consultation; re-examinations. That's what my medical education provides me....a depth of experience, but most importantly, that little voice that tells you "something's not right."



FORT BLISS ACCESS CONTROL POINTS

- A 100% identification card check of all personnel will be implemented at all Fort Bliss access control points.

- All Department of Defense and non-DoD vehicular occupants, including the driver and all of-age passengers, will have to present an ID card - valid state driver's license, government/federal ID card, passport, etc. - for authorized access to Fort Bliss.

- All vehicles and occupants entering Fort Bliss are subject to random searches and inspections, as has always been the standard.

- All non-DoD persons can expect to obtain a visitor's pass at certain gates with VCC (Visitor Control Centers). Travelers should plan their time accordingly as access times to Fort Bliss might be increased following these enduring security measure enhancements.

For more detailed information on gate access and hours of operation see <https://www.bliss.army.mil/gateinfo.html>.

VA ADULT DAY HEALTH CARE UPDATE

HOW TO APPLY | FACTS YOU NEED TO KNOW

Adult Day Health Care is a program Veterans can go to during the day for social activities, peer support, companionship, and recreation. The program is for Veterans who need skilled services, case management and help with activities of daily living. Examples include help with bathing, dressing, fixing meals or taking medicines. This program is also for Veterans who are isolated or their caregiver is experiencing burden. Adult Day Health Care can be used in combination with other Home and Community Based Services.

Health services such as care from nurses, therapists, social workers, and others may also be available. Adult Day Health Care can provide respite care for a family caregiver and can also help Veterans and their caregiver gain skills to manage the Veteran's care at home. The program may be provided at VA medical centers, State Veterans Homes, or community organizations. For a list of State Veterans Homes locations, visit the National Association of State Veterans Homes at <http://www.nasvh.org/state-homes/statedir.cfm>. You can also use the Locate Services page https://www.va.gov/geriatrics/Guide/LongTermCare/Adult_Day_Health_Care.asp# navigation menu found on the top left to enter your zip code to help you find Adult Day Health Care programs.

Since Adult Day Health Care is part of the VHA Standard Medical Benefits Package, all enrolled Veterans are eligible IF they meet the clinical need for the service and it is available. A copay for Adult Day Health Care may be charged based on your VA service-connected disability status and financial information. Contact your VA social worker/case manager to complete the Application for Extended Care Benefits (VA Form 10-10EC) to learn the amount of your copay. At https://www.va.gov/geriatrics/Guide/LongTermCare/Paying_for_Long_Term_Care.asp you can find out about paying for long term care, if needed.

Adult Day Health Care can be a half-day or full-day program. Usually, you would go to an Adult Day Health Care center 2 to 3 times per week, but you may be able to go up to 5 times a week. Based on availability and need, you can create a regular schedule that works for you and your family caregiver. You may be able to get assistance with transportation to and from an Adult Day Health Care center. You can use the Shared Decision Making Worksheet https://www.va.gov/geriatrics/Guide/LongTermCare/Shared_Decision_Making_Worksheet.pdf to help you figure out what long term care ser-

vices or settings may best meet your needs now or in the future. Find out about how you can use the Shared Decision Making approach.

Also, at https://www.va.gov/geriatrics/Guide/LongTermCare/Caregiver_Self_Assessment.pdf is a Caregiver Self-Assessment which can help your caregiver identify their own needs and decide how much support they can offer to you. Having this information from your caregiver, along with the involvement of your care team and social worker, will help you reach good long term care decisions. Your physician or other primary care provider can answer questions about your medical needs. Some important questions to talk about with your social worker and family include:

- How much assistance do I need for my activities of daily living (e.g., bathing and getting dressed)?
- What are my caregiver's needs?
- How much independence and privacy do I want?
- What sort of social interactions are important to me?
- How much can I afford to pay for care each month?

[Source: https://www.va.gov/geriatrics/Guide/LongTermCare/Adult_Day_Health_Care.asp | December 2018 ++]

Con'td from page 5

FEBRUARY GUEST SPEAKER

Colonel Michael J. Hester
Fort Bliss, Texas

2013 and was posted to Jordan as the Chief of Staff for CENTCOM Forward Element/1st Armored Division Forward. COL Hester commanded the Fort Bliss US Army Garrison from February 2015 until July 2017 and stayed at Ft Bliss as the 1AD Chief of Staff from July 2017 to July 2018. COL Hester is finishing his career as a proud member of the Joint Task Force North team and will retire from active duty on 1 March 2019.

COL Hester's awards include the Combat Action Badge, Legion of Merit,

Bronze Star, Defense Meritorious Service Medal, and the Humanitarian Service Medal.

COL Mike Hester is happily married to Katie, they have one man-cub Gus and two noble dogs. He loves the U.S.A., and enjoys martial arts, golf, guns, history, and travel. They just bought a house in El Paso and look forward to joining the community.



SURVIVING SPOUSE LIAISON

Mrs. Connie Sullivan

About a month ago, I lost my pet that had been with me for fourteen years. He was put to sleep due to kidney

stones that damaged his bladder and urinary tract. For those of you who have pets, know the devastating feeling of losing your companions, your friends.

Yes, they become not only your friends, but part of the family. My Charlie, my little dog, had been my husband's buddy.

As I have mentioned before in other articles, my husband had been a three tour Viet Nam Army Aviator who flew helicopters and fixed wing aircraft. It took my Charlie a while to warm up to me after my husband passed away, but finally after many months, he became my buddy as well.

The pure love of a pet is amazingly beautiful. The joy we experience is

sometimes indescribable. Their loyalty is incomparable for they hold no grudges. They are faithful to the end.

I am so grateful to God for giving me the opportunity to have had a little partner who gave me his all. His unconditional love, which memories will stay with me until it is my time to leave this life and see him in Heaven with my husband, his first buddy and friend, is still in my heart.

We all cherish our little or big animals that our Heavenly Father allows us to have in our lives. It has been a blessing that will not be forgotten as long as I live, for his little urn is on my fire place mantle, there reminding me of the moments we treasured together.

THE INFORMATION WAS RETRIEVED FOR THE JANUARY 2019 COUNCIL AND CHAPTER NEWSLETTER SURVIVING SPOUSE CORNER: 2018 — A YEAR IN REVIEW

THE SURVIVING SPOUSE ADVISORY COMMITTEE LOOKS BACK AT ITS ACCOMPLISHMENTS FROM THE PAST YEAR AND HIGHLIGHTS ITS GOALS FOR 2019.

For MOAA surviving spouses, 2018 was a banner year. Here are some of the highlights:

Virtual Chapter — In March, MOAA's board of directors voted to charter the Surviving Spouse Virtual Chapter, the association's second virtual chapter. (The first virtual chapter was chartered two years ago for uniformed services nurses.) The Surviving Spouse Virtual Chapter meets quarterly. There are no dues; the only requirement to join is national MOAA membership. We now have about 70 members from 25 states. Our next conference call meeting will be Jan. 29. For more information and to participate, email ms-svc02@gmail.com.

Storming the Hill — In April, our committee members participated in Storming the Hill, during which we discussed with our congressional legislators four key issues affecting the military community. We learned that in addition to getting support/sponsorship of a bill, we must get a commitment to fund it.

Surviving Spouse Award — From a very talented pool of four nominees, we chose Anne Cutter Smith of the Greater Shoals (Ala.) Chapter as the recipient of the 2018 Surviving Spouse Liaison Excellence Award. She was recognized at the annual meeting in

Phoenix. (Read more about Anne and her accomplishments.)

Presentations — We continued to increase our visibility within the MOAA membership with presentations about surviving spouses and relevant issues at four regional leadership meetings in Florida, Illinois, South Carolina, and Arizona.

MOAA Scholarship — Surviving Spouse Advisory Committee (SSAC) members contributed to a MOAA scholarship in memory of Joyce Harte, who was the first surviving spouse representative on MOAA's board of directors. She died unexpectedly in spring 2018. Gail Joyce, a member of SSAC since 2013, was elected to replace her on the board of directors.

Welcomes and goodbyes — We chose three new members for our committee, plus the addition of two virtual members — a new concept for the SSAC. At the annual meeting, we welcomed Kathy Thorp, Nancy Mullens, and Barbara Smith and virtual members Georgie Suitor and Cindy Bondi.

Simultaneously, we said goodbye to two wonderful members of the SSAC: Sharon DeVaney, who was an SSAC

member for six years and served on the Health Care Committee, and Patricia Bergquist, who served for seven-plus years on the SSAC and was a member of the Councils and Chapters and the Government Affairs committees.

Goals for 2019 — We will continue to face new challenges and opportunities this year. Our goals include to:

- grow our virtual chapter to 150 members representing 75 percent of our states;
- recruit 20 new surviving spouse members for MOAA;
- increase the number of state council liaisons from 50 percent to 75 percent;
- continue to educate, encourage, and engage MOAA membership about spouse and surviving spouse issues;
- conduct a survey to determine the needs and interests of surviving spouses;
- continue to work for passage of a bill to eliminate the widows' tax; and
- develop and conduct at least one training session for spouses and surviving spouses at a national meeting to provide information about planning ahead.

By Gail Joyce, Surviving Spouse Advisory Committee

CRITICAL CARE NURSING IN VIETNAM AT THE 67TH EVACUATION HOSPITAL

BY COL. CONSTANCE J. MOORE, USA (RET.), ARMY NURSE CORPS ASSOCIATION HISTORIAN

Lieutenant (later Colonel) Mary Jo Rice-Mahoney was confronted with a highly stressful, intellectually demanding role of a critical care nurse when she was assigned to the 67th Evacuation Hospital in Qui Nhon on the coast of South Vietnam, in 1969.

Working and living under austere and often life-threatening conditions could understandably be challenging. Rice-Mahoney remembered, "You worked when they needed you and rested when you found the time. If you were asked to work seven days a week, you didn't question your commanders. You just responded to the needs of your team. . . . [L]iv[ing] through a combat experience - It's where my love of nursing began."¹

Rice-Mahoney focused on developing her nursing skills. This was easy to do when she worked in the emergency area and in the intensive care unit. The task of handling mass casualty situations - not just once but time and time again - sharpened her ability to organize the available resources and triage situations.

With experience came the knack of differentiating between the routine cases and the urgent ones. Basic principles of pre- and postoperative care became second nature to her - a patent airway, control of hemorrhage, prevention or treatment of shock, maintenance of proper fluid and electrolyte balance, proper hygiene, and prevention of infections. Rice-Mahoney also became a life saver for medical patients who suffered asthma attacks or developed the insidious symptoms of cerebral malaria and hepatitis.

Nurses like Rice-Mahoney made lasting differences in the lives of their patients. Two highly traumatized patients contacted her after many years because they were touched by her caring competence. One remembered the simple gesture of replacing a NG tube that he had inadvertently pulled out. Rice-Mahoney came by and said, "Here, I'll help you," expertly placing the tube back into the patient. He remembered, "She was an angel in an OD [olive drab] uniform."² The other told her eloquently, "You assisted me from my bed into an old, rickety wheelchair. There were several Vietnamese war orphans in the hospital, and you placed one of the toddlers, an amputee, on my lap. It was then I realized that if this child could smile, laugh, and live life to

the fullest, I could do the same."³

Rice-Mahoney talked about her feelings after hearing their stories, "When you live through a situation like that, it's so intense that it marks you for life. When you come across people in that experience who have shared any kind of significant moment or event, you do wonder what happened to them in the rest of their life."⁴ Two patients provided her with salient reports of her lasting impact.

Giving hope to wounded soldiers was the essence of Rice-Mahoney's critical care nursing in Vietnam and this intrinsic nursing component continues to be a hallmark of Army nursing today.



LT Rice is the 2nd from the right

¹ Terry Ratner, "Reflections on Nursing in Vietnam," American Nurse Today, accessed December 16, 2017, <https://www.americannursestoday.com/reflections-on-nursing-in-vietnam/cduche>

² Brian Albrecht, "39 years Later, Vietnam Vet Reaches Out to Compassionate Nurse," The Plains Dealer, November 10, 2008, accessed December 16, 2017, http://blog.cleveland.com/metro/2008/11/39_years_later_vietnam_vet_rea.html

³ Terry Ratner, "Reflections on Nursing in Vietnam," American Nurse Today, accessed December 16, 2017, <https://www.americannursestoday.com/reflections-on-nursing-in-vietnam/>

⁴ Brian Albrecht, "39 years Later, Vietnam Vet Reaches Out to Compassionate Nurse," The Plains Dealer, November 10, 2008, accessed December 16, 2017, http://blog.cleveland.com/metro/2008/11/39_years_later_vietnam_vet_rea.html



PERSONAL AFFAIRS

Jose Luis Hernandez

The difference between a traditional and Roth Individual Retirement Account (IRA) is when you pay taxes. Roth accounts require tax payment now. Traditional accounts delay the taxes until retirement.

Why would you consider converting your traditional account to a Roth, especially after you've paid no tax on traditional account contributions so any untaxed money moved to a Roth account requires tax payment upfront?

- A Roth account does not have Required Minimum Distributions (RMDs) at age 70½ as a traditional account does. Maybe you don't need the RMDs or you want to pass assets to heirs. By the way, Roth 401(k)s and Roth Thrift Savings Plans do have RMDs.
- You want to lower your future income level thereby reducing the taxes on Social Security benefits or your Part B Medicare premiums. Distributions from a Roth are tax-free and do not count as income. Traditional account distributions count as taxable income in the year withdrawn.
- You might have a year with sizable itemized deductions, and the taxes from a conversion to a Roth account will be offset by the deduc-

tions. Maybe you have carry-over deductions or tax credits that will offset the conversion taxes.

- Some is better than none - you do not have to convert all your traditional account money. Partial conversions to a Roth over several years will reduce future taxable income by lessening your RMD amounts.

- Perhaps you want to take advantage of the lowered tax rates or higher standard deduction under the tax reforms before tax rates revert back to 2017 levels in 2026.

For those thinking of a backdoor Roth IRA conversion: A backdoor conversion is for people who have too much income to contribute to a Roth IRA. Instead, they contribute to a traditional IRA, and because they make too much money to deduct the contribution to the traditional IRA, the

money in the traditional account is taxed. Then, they convert the traditional taxed IRA money to a Roth IRA - circumventing the Roth IRA up-front contribution limitation due to their higher income, and they don't usually owe taxes on the conversion.

The backdoor traditional IRA-to-Roth IRA conversion only works if you have a traditional IRA with only nondeductible contributions. If you have traditional IRAs with deducted contributions, you have to aggregate the monies in all your traditional IRAs when you convert to a Roth IRA. Bottom line: You can't cherry-pick only the taxed traditional IRA monies for conversion to the Roth IRA. You will owe some taxes on the conversion.

By: Lt. Col. Shane Ostrom, USAF (Ret), CFP®





**2019
EL PASO
CHAPTER
MOAA
EVENTS
SCHEDULE**

FEBRUARY 9, 2019	FEBRUARY MEMBERSHIP MEETING
TBD MARCH 2019	MOAA DAY AT THE RACES
MARCH 17, 2019	BATAAN MEMORIAL DEATH MARCH
APRIL 13, 2019	APRIL MEMBERSHIP MEETING
APRIL 15, 2019	TAX DAY
APRIL 21, 2019	EASTER
MAY 12, 2019	MOTHER'S DAY



DECEMBER 2018 LUNCHEON

BOARD OF DIRECTORS 2019





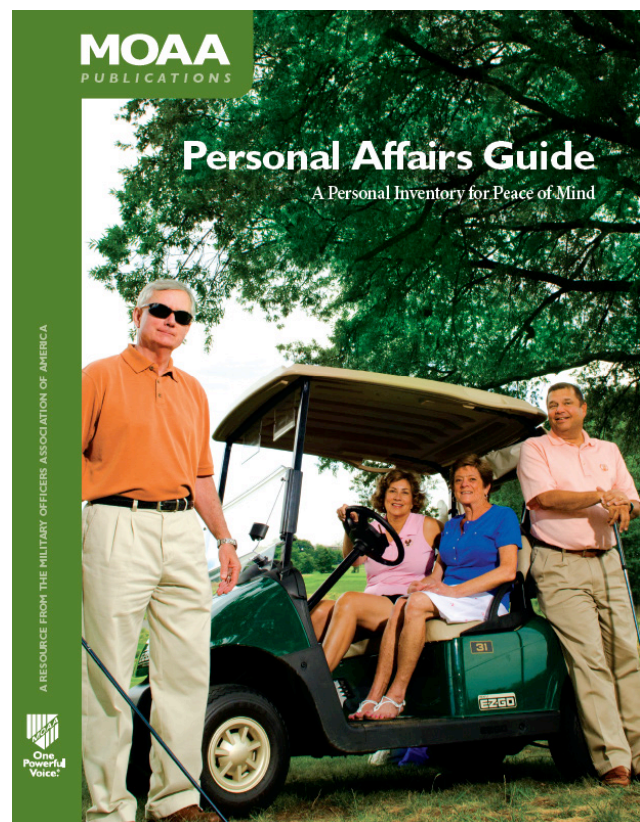
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February 2019 Membership Meeting & Lunch

General George Underwood Golf Complex

3200 Coe Ave., El Paso, TX 79916

Date: Saturday, 9 February 2019

Time: 11:00 AM – 2:00 PM

Guest Speaker

Colonel Michael Hester



Menu

Steak Tampiqueña
 with chili and cheese, Black Beans, and Cilantro Rice
 Sautéed Broccoli Almandine
 Tossed Green Salad w/dressing, Dinner Rolls w/Butter,
 Coffee, Iced Tea and Water, and MOAA Cake

Dress: Casual

Cost: \$20.00 per person

Lunch Treasurer: treasurer@elpasomoaa.org

Membership or email queries: membership@elpasomoaa.org

Mail To: El Paso Chapter MOAA, Attn.: Treasurer, PO Box 6144, Fort Bliss, TX 79906-0144

Please fill in this acceptance slip, and return to the Treasurer by Monday, 4 February 2019 with a check for \$20 per person, the cost of the luncheon. **Late Reservations**, call Bob Pitt, 915-533-5111 or Bill Moore, 915-842-9650, by Noon, Wednesday, February 6, and pay at the door.

Lunch will be on Saturday, 9 February 2019 at 11:00 a.m.

Please print guest names clearly to ensure the correct spelling on the registration listing.

I will / will not attend the lunch and there will be _____ attendees in my party.

My check for \$ ____ (\$20.00 per person) made payable to the “El Paso Chapter” is enclosed.

Name of Member: _____

Telephone Number: _____

Name(s) of Guests:

VA PROSTATE CANCER PROGRAM

UPDATE 16—SURVIVOR CARE

Dr. Ted Skolarus is a urologic oncologist—a physician who treats cancer of the urinary tract and male reproductive system. He serves as section chief of urology at the VA Ann Arbor Health Care System in Michigan, and is an associate professor of urology at the University of Michigan. He is also a research scientist at the VA Health Services Research & Development Center for Clinical Management Research in Ann Arbor. His research is focused on survivorship care for men who have undergone treatment for prostate cancer.

While survivors need to be monitored by their providers for cancer recurrence, there are also a number of quality-of-life issues, like urinary incontinence and sexual health, which should be assessed by the medical team. In many cases, there are things that can be done to help survivors enjoy a better quality of life. VA Research Quarterly Update (VARQU) staff held an interview with Skolarus about his VA Career Development Award to help improve the quality of survivorship care for Veterans who have been treated for prostate cancer. Following are his responses:

How prevalent is prostate cancer in the U.S.?

The classic incidence is about 1 in 6 men will be diagnosed with prostate cancer at some point in their lifetime. Given that the VA health care system is over 80 percent male, there is a substantial number of Veterans who are diagnosed with prostate cancer. The annual incidence of prostate cancer impacts approximately 12,000 Veterans in the VA each year. There have been changes in the screening recommendations from various organizations, as to the value and effectiveness of early detection of prostate cancer through prostate-specific antigen [PSA] screening. But in general, most approaches rely on shared decision making—be-

tween providers and patients—regarding whether men wish to be screened for prostate cancer. There are some high-risk groups—including men who were exposed to Agent Orange, African American men, men with a strong family history of prostate cancer, or early onset prostate cancer in a relative—that may be at greater risk of aggressive prostate cancer, that should more strongly consider screening.

What is the survival rate for prostate cancer?

The five-year survival rate for localized prostate cancer is nearly 100 percent. On the other hand, prostate cancer is one of the leading causes of male cancer-related deaths—there are nearly 30,000 deaths expected in 2018. There are over 3 million men alive with a diagnosis of prostate cancer in the United States. Given the patient population and access to health care and screening in the VHA, thousands of these prostate cancer survivors are cared for in the system.

What types of follow-up care are important for prostate cancer survivors?

We recommend—as part of the American Cancer Society prostate cancer survivorship guidelines—measuring and addressing men's quality of life, with respect to urinary, sexual, bowel, and overall health. That is important to do given the side effects of treatment, yet there remains a lack of systematic organizational approaches for assessment. Following PSA as a cancer surveillance approach is also important. I think engaging and using clear communication about survivorship care plans with primary care providers who end up caring for prostate cancer survivors can really make a difference. Good communication is especially helpful in getting men back to their specialists if there is concern for a recurrence of their prostate cancer or unmet needs

with respect to side effects.

Can you explain what your VA Career Development Award involved?

The first aspect of the award was to look at things that would be consistent with high-quality prostate cancer survivorship care. There's a paucity of quality measures, so that was, in some respect, the reason for this work—to define what quality prostate cancer survivorship care might look like. As we looked at a couple different markers of survivorship care quality, we found a lot of variation within the VA health care system. One of the first things that we did was look at men who were getting androgen deprivation therapy [ADT], and if they were getting a recommended bone density testing to screen for baseline osteoporosis. We know that this is recommended for most men who will be starting hormone therapy.

We found that up to 1 in 5 men were getting this screening study. This was fairly consistent with findings from Medicare studies. But we also found that the more likely you were to get a bone density test, the more likely you were to be diagnosed with osteoporosis. And, if you were diagnosed with osteoporosis, you were more likely to get vitamin D, calcium, and treatment for osteoporosis, in an attempt to prevent fracture given increased risks with ADT. So, this part of the study pointed out areas for improvement in bone health for men who were getting hormone therapy.

You also developed an intervention for prostate cancer survivors that used automated telephone calls with advice on symptom management. Can you explain?

As part of the Career Development Award, I was able to have multiple survivorship-related projects dovetail

Con'td on page 19



CHAPLAIN CORNER

Mrs. Connie Sullivan

Valentine's Day is here again, reminding us of the love some share with their partners here or abroad, for the ones deployed. For others, the love that we enjoyed when we had our spouses, is still in our hearts.

Love, as we know, comes in different forms. The love of God, which is the purest in life. The love for friends and family and the individual love of one person with another. On Valentine's Day, even from afar, the focus is mostly on the individual love of companionship. It is the love of experiencing many emotions.

With spouses, the experience of trust, respect and patience. When we have our partners, the love that we share is mostly understood. Many times, it's the little things that matter and that make a difference, which make the relationship flourish with each passing day.

Valentine's Day is a time to celebrate whether we have our spouses or not. For the ones that are privileged to have their partners, it's a great joy to remember what each other have done

to preserve and keep the relationship intact, enduring the ups and downs.

For the ones that no longer have their loved ones, the experiences that were shared are cherished in our memories. The opportunity that God gave us to have loved our partners, will stay in our hearts for as long as we live.



JUNIOR ENLISTED FAMILY CENTER YMCA FOOD PANTRY

The Junior Enlisted Family Center's Food Pantry serves Fort Bliss needy families E-6 and under with non-perishable food. Presently, 1200 families are being assisted. The Food Pantry is open Tuesday, Wednesday, and Friday from 12 noon until 4:00 p.m. Phone #: 915-562-8462 ext.351 Approximately 150 people are helped each day.

Located in the Trading Post (old Commissary), 1717 Marshall Road, the entrance is located behind the building on the loading docks that face the Post Office. There are steps up to a door. Once you enter the doorway, immediately turn left and go down a hallway. The Family Center is straight ahead.

If a soldier is in need, the soldier must get a form from a chaplain or someone in his unit who is authorized to provide the form. Upon entering the Family Center, the soldier or spouse must provide the form and their military ID. The Pantry is dedicated to helping the truly needy families.

What can you do to help? You may take donations of non-perishable food to the Pantry during the hours they are open. Please don't leave donations on the docks as those items are often

"lost." Those food items that are in great demand are boxed macaroni and cheese, Ramen noodles, cereal, oatmeal, pasta and pasta sauce. If you have gently used furniture that you no longer want or other items such as baby strollers, a call to Hanna Okura, Program Director, will get those unwanted items to families on Fort Bliss who need them. Furthermore, the Commissary will place a large carton near the exit for donations of non-perishable food from time to time during the year. Also, several times a year, there are brown paper sacks pre-packaged with food in the commissary which you may purchase and place in a carton near the exit.

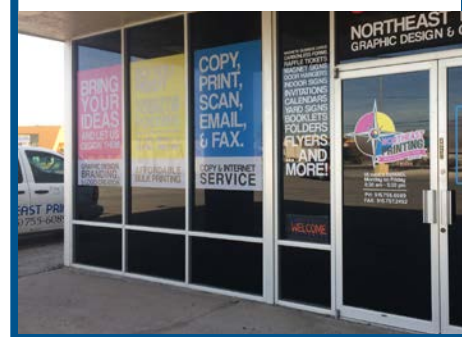
Any help that you might provide will be greatly appreciated. Please contact Hannah Okura if you have questions. Thank you.



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LEGISLATIVE

CW2 Dave Garcia, USA, Retired

Greeting Chapter Members, it's an honor to be selected as your new Legislation Coordinator for 2019. I like to thank COL. Enzel on a superb job keeping chapter members informed on federal and state legislative concerns pertaining to VA Benefits and health care, DOD and SSA...ect.

I will do my best to continue to inform you as my predecessor...Thank you for your support.

Col. Enzel mentioned a few concerns in December 2018, In The Border Bulletin pertaining to some Key Bills that are MOAA priorities Listed Below:

Key Bills

Federal - S 66

A bill to amend title 10, United States Code, to permit certain retired members of the uniformed services who have a service-connected disability to receive both disability compensation from the Department of Veterans Affairs for their disability and either retired pay by reason of their years of military service or Combat-Related Special Compensation, and for other purposes. Support

Federal - S 143

A bill to amend the Internal Revenue Code of 1986 to allow a credit against income tax for amounts paid by a spouse of a member of the Armed Forces for a new State license or certification required by reason of a permanent change in the duty station of such member to another State.

Support

Federal - S 339

A bill to amend title 10, United States Code, to repeal the requirement for reduction of survivor annuities under the Survivor Benefit Plan by veterans'

dependency and indemnity compensation, and for other purposes.

Support

Federal - HR 333

A bill to amend title 10, United States Code, to permit retired members of the Armed Forces who have a service-connected disability rated less than 50 percent to receive concurrent payment of both retired pay and veterans' disability compensation, to extend eligibility for concurrent receipt to chapter 61 disability retirees with less than 20 years of service, and for other purposes.

The Blue Water Navy Vietnam Veterans Act (H.R. 299), Which Sen. Johnny Isakson (R-Ga), chair of the Senate Veterans' Affairs Committee is pushing to get this bill passed through the senate...did not pass...read article below:

Senate Appears Unlikely to Pass Blue Water Navy Act, Will Try Again in 2019

LITTLE ROCK, Ark. - Some veterans who have been fighting years for Agent Orange benefits are put on hold again. Blue Water Navy Vietnam Veterans have been trying to get access to the same Agent Orange benefits as land-based Vietnam Vets.

Utah Republican Senator Mike Lee prevented the effort by Sen. Richard Blumenthal and others to pass the bill by unanimous consent.

The House had passed the bill earlier this month by voice vote.

"The brave men and women who have sacrificed so much for our country should undoubtedly get the medical care that they need in connection with their service. But as members of this body, it's also our duty to ensure that it's done in a prudent and proper way, with all the relevant information available to us," says Sen Mike Lee (R-UT).

"But I can pledge to you if we fail to do it this session, we will be back again next session. And the cost to our conscience, if not our budget, will rise in the meantime," says Sen Richard Blumenthal (D-CT).

Lawmakers will try and take up this issue again next year.

It's very important for all members to have our voices heard in contacting or attending Townhall meeting to express

your concern on legislative issue to our representative.

Texas Legislation

The 86th Texas Legislation Session will convene on January 8, 2019...The deadline for filing of unrestricted bills or joint resolutions is March 8, 2019.

Con'td from page 17

VA PROSTATE CANCER PROGRAM

UPDATE 16— SURVIVOR CARE

with each other. One of those was a randomized trial of over 500 men with prostate cancer across four sites in the VA: St. Louis, Cleveland, Ann Arbor, and Pittsburgh. We wanted to understand if we could use an automated telephone system to not only assess men's side effects, but also to give tailored newsletters and feedback on how they can help themselves self-manage those side effects. We also wanted to teach men when to reach out to their doctors to help them with side effects that might be overlooked during routine care.

That work was presented at the American Society of Clinical Oncology's annual meeting, and highlighted during one of its poster discussion sessions, this year. What we found was while there were small effects on men's overall quality of life, when they did want to focus on a given area like urinary or sexual health, we saw improvements in that area. That demonstrates the potential impact of not only measuring patient-reported outcomes for prostate cancer across the entire VA system, but also giving Veteran prostate cancer survivors tailored self-management strategies to improve those areas that are affecting their health. This degree of support is not available in any other system. We are excited about its potential for national impact, as Veteran engagement was excellent throughout the study.

[Source: Vantage Point | Erica Sprey | December 19, 2018 ++]

WEIGHT CONTROL WATER IMPACT

A new study published in the journal *Obesity*, which can be found via WebMD, found that preloading water before meals helps you lose weight. The study looked at 84 obese adults and had 41 members of the group drink around 16 ounces of water before meals, while the other 43 adults were asked simply to imagine being full before digging into their food. (And yes, we're talking pure, natural water here — no pre-packaged fizzy waters or store-bought bottles of flavored water that can sometimes also contain sugar or chemicals.) Interestingly, those who had the 16 ounces of H₂O before meals lost an average of 2.87 pounds more than those who just pictured themselves full. In fact, over the course of the 12 weeks, those who filled up on water prior to eating the three main meals a day lost an average of 9.48 pounds, whereas doing it just once a day or not at all resulted in an average loss of 1.76 pounds.

So beyond potential weight loss, why else should you drink more water? Ah, if only we had enough time to count all the beneficial reasons for sipping on this elemental elixir. In addition to keeping your skin healthy, your bowels moving regularly, and your muscles energized, all of your cells and vital organs crave water to keep them running smoothly. If this doesn't get you saying "cheers" to drinking up, we don't know what will. You can also get the essential liquid from soup, veggies, and fruits, but the majority of your intake comes from water and other beverages. Oh, and lest you think that's license to go to town with coffee and brewski's, allow us to warn you: Alcohol and coffee actually act as diuretics, which work to flush water out of your body instead of into it.

Americans need to kick the can. The soda can, that is. According to WebMD, about one in five Americans drink at least one sugary beverage every day. That might not seem too bad, but each 12-ounce can contains nine to 12 teaspoons of sugar. Upgrade to a 20-ounce bottle, and it's even worse. Skip the sweet stuff and focus your efforts on water instead. While it might not pack the flavor of soft drinks, water is one of life's building blocks and accounts for two-thirds of our body weight. Water, not juice or soda. The Washington Post explained sweetened beverages slow the body's ability to absorb water and can actually increase the amount we need to quench our thirst.

Drinking enough water is important because it keeps the body functioning properly. John Batson, a sports medicine doctor, told The American Heart Association, "If you're well hydrated, your heart doesn't have to work as hard." That means blood can circulate more easily and keep you feeling great. And it's not just important for athletes. Shape writes that even mild dehydra-

tion can negatively impact mood and energy levels. But if drinking water isn't a part of your regular routine, we've got some great tips to help you out.

For people who are used to swigging flavored beverages throughout the day, the switch to water can be a little bland. There are plenty of products on the market designed to make H₂O exciting, but going for something natural is a better bet. Women's Health suggested adding fruit slices and letting the mixture sit for a few hours to concentrate the flavor. Using fruit and herbs instead of artificial flavorings also means you'll save a couple of bucks. And don't limit yourself to lemon. Everyday Health has some suggestions to get you guzzling more of the good stuff in no time. Once you run through these ideas, you'll find the possibilities are endless. How about ginger with mint.

[Source: Journal of Obesity | November 13, 2018 ++]



RETIREE PAY DATES FOR 2019

ANNUITANT PAY DATES FOR 2019

MONTH	DIRECT DEPOSIT DATES	MONTH	DIRECT DEPOSIT DATES
JANUARY	FEBRUARY 1	JANUARY	FEBRUARY 1
FEBRUARY	MARCH 1	FEBRUARY	MARCH 1
MARCH	APRIL 1	MARCH	APRIL 1
APRIL	MAY 1	APRIL	MAY 1
MAY	MAY 31	MAY	JUNE 3
JUNE	JULY 1	JUNE	JULY 1
JULY	AUGUST 1	JULY	AUGUST 1
AUGUST	AUGUST 30	AUGUST	SEPTEMBER 3
SEPTEMBER	OCTOBER 1	SEPTEMBER	OCTOBER 1
OCTOBER	NOVEMBER 1	OCTOBER	NOVEMBER 1
NOVEMBER	NOVEMBER 29	NOVEMBER	DECEMBER 2
DECEMBER	DECEMBER 31	DECEMBER	JANUARY 2, 2020

TRICARE TO STOP COVERING SOME VITAMIN SUPPLEMENTS

Starting Jan. 1, TRICARE will stop covering certain vitamin supplements, including some multivitamins, fluoride and iron, for roughly 25,000 beneficiaries.

Those affected received letters at the end of November from Express Scripts, the company that manages TRICARE's pharmacy benefit, notifying them that only vitamins that have been reviewed by the Food and Drug Administration (FDA) through clinical trials are considered prescription medications and therefore eligible for coverage.

The supplements -- 389 varieties, according to Defense Health Agency

(DHA) spokesman Kevin Dwyer -- lost their "preferred drug" status because they have not been reviewed by the FDA to treat a condition and are available over the counter.

According to the letter, "the change isn't the result of any issues with the vitamins themselves."

Affected beneficiaries simply will need to pay full price for these supplements if they want to continue taking them.

DHA officials said roughly 60 percent of affected patients are TRICARE for Life beneficiaries. The Defense Health Agency oversees the health benefits of 9.6 million patients.

An Express Scripts spokesman said TRICARE is making the change "consistent with industry standard."

"Some of the previously covered ... vitamins (those medications that require a physician-written prescription) [are becoming] over-the-counter (OTC). Thus, the vitamins will no longer be covered by the pharmacy benefit but rather available OTC," the Express Scripts spokesman said.

This article by Patricia Kime originally appeared on Military.com, the premier resource for the military and veteran community.

CBO BUDGET RECOMMENDATIONS 2019

OPTIONS FOR REDUCING THE DEFICIT

Analysts from the Congressional Budget Office say the government could trim hundreds of billions from the federal deficit by enacting a host of already discussed military and veterans' program reforms. The problem is that those reforms include some of the most controversial and politically unpopular policies of the last few years, things like limiting military pay raises, ending a host of military equipment purchases, and cutting back on veterans benefits. The document released last week — CBO's annual "options for reducing the deficit" report — lists more than 120 ideas to reduce federal spending or boost federal revenues over the next 10 years. Authors said the goal is to "reflect a range of possibilities" of moves that lawmakers could make in dealing with government debt and escalating federal programming costs.

Twenty of the proposals would affect the departments of Defense and Veterans Affairs, including a plan to cut the Pentagon budget by 10 percent (\$591 billion in reduced budget authority over the next decade). That dramatic cut would "require DOD to decrease the size of its forces, slow the rate at which it modernizes weapon systems, or do both," which in turn would prompt a host of complaints from military leaders and defense lawmakers. Still, the size of the savings involved show why the ideas continue to attract debate on Capitol Hill each year, even with the significant disruptions they may bring. Here is a look at some of the other potential VA and Pentagon moves:

Limit pay raises for troops (\$18 billion in savings over 10 years) -- The CBO idea would give troops an annual raise of 0.5 percent less than the expected growth in civilian salaries. Service members would still see annual raises, but opponents of the idea argue that those increases wouldn't keep up with the cost of living for military families. President Barack Obama's Pentagon capped the military raises at this level for three years during his presidency, leading to criticism from advocates that he had created a new gap in military

and civilian wages. President Donald Trump suggested a 0.3 percent reduction in the expected raise formula in his first budget, but saw the proposal rejected by Congress.

Narrow eligibility for VA disability benefits (\$33 billion over 10 years) -- The CBO plan would drop a host of conditions not directly related to military service — illnesses like arteriosclerotic heart disease, hemorrhoids and multiple sclerosis — from the list of claims eligible for disability benefits. More than 750,000 veterans' checks would be affected by the move. Any such trims in benefits have prompted harsh attacks from veterans groups, who have accused supporters of breaking faith with men and women who were promised lifelong assistance for their military service.

Cancel new F-35 purchases (\$16 billion over 10 years), retire the F-22 fleet (\$30 billion over 10 years) and delay development of the B-21 bomber until after 2028 (\$45 billion over 10 years) -- All three ideas would require Air Force officials to continue using aging aircraft, a concern for Pentagon planners who have seen a spike in aviation accidents in recent years. The CBO report acknowledged that a disadvantage of the idea would be making the military "less flexible against advanced enemy air defense systems" but said the current mix of aircraft types already in use by the services would mitigate some of those concerns.

Stop building Ford-class aircraft carriers (\$18 billion over 10 years) -- Under this option, the Navy would stop building new aircraft carriers after the USS Enterprise, scheduled to be completed in 2027. A carrier set for the start of construction in 2023 would be scrapped. The CBO report argues that even with the move, the Navy would still have 11 active carriers until 2036 given its current fleet size. However, defense lawmakers have long argued against any delays in ship building schedules, given the long wait for construction and fielding of new vessels.

End VA's Individual Unemployability program for retirement-age veterans (\$48 billion over 10 years) -- Trump also suggested this idea in his first VA budget, only to have lawmakers and veterans groups soundly reject it. The IU program provides extra benefits to veterans unable to work because of disabilities, even if they don't have a 100 percent disabled rating. Supporters have argued that money should stop once Social Security payouts begin. Opponents of the idea could leave as many as 235,000 veterans in dire financial need.

Reduce military housing allowances to 80 percent of rent costs (\$15 billion over 10 years) -- Under this plan, BAH payments wouldn't change for troops until they move, but it would slowly increase their out-of-pocket costs for housing. The change would also create savings for the VA, since post-9/11 GI Bill housing stipends are tied to the military housing formula. Similar BAH reform proposals on Capitol Hill have met fierce opposition in recent years. Advocates argue that since military members have little say in their next duty assignment, they shouldn't have to shoulder the costs of unexpected moves and expensive housing costs.

Replace thousands of troops with civilian workers (\$17 billion over 10 years) -- The CBO idea calls for reducing military end strength by 80,000 over four years and replacing them with 64,000 civilian employees. The work would not be directly related to warfighting, and the health care and ancillary costs of non-military workers would create significant savings compared to service members' benefits. But Congress has worked to increase the military's end strength in recent years, saying it brings more readiness and flexibility to the overall force. An end-strength cut of that size would represent a major political backtrack for many elected officials.

[Source: MilitaryTimes| Leo Shane III | December 17, 2018 ++]

THE STORY OF THE FOUR CHAPLAINS

It was Feb. 3rd 1943, and the U.S. Army Transport Dorchester was one of three ships in a convoy, moving across the Atlantic from Newfoundland to an American base in Greenland. A converted luxury liner, the Dorchester was crowded to capacity, carrying 902 servicemen, merchant seamen and civilian workers. It was only 150 miles from its destination when shortly after midnight, an officer aboard the German submarine U2 spotted it. After identifying and targeting the ship, he gave orders to fire. The hit was decisive, striking the ship, far below the water line. The initial blast killed scores of men and seriously wounded many more. Others, stunned by the explosion were groping in the darkness. Panic and chaos quickly set in! Men were screaming, others crying or frantically trying to get lifeboats off the ship.

Through the pandemonium, four men spread out among the soldiers, calming the frightened, tending the wounded and guiding the disoriented toward safety. They were four Army chaplains, Lt. George Fox, a Methodist; Lt. Alexander Goode, a Jewish Rabbi; Lt. John Washington, a Roman Catholic Priest; and Lt. Clark Poling, a Dutch Reformed minister. Quickly and quietly the four chaplains worked to bring calm to the men. As soldiers began to find their way to the deck of the ship, many were still in their underwear, where they were confronted by the cold winds blowing down from the arctic. Petty Officer John J. Mahoney, reeling from the cold, headed back towards his cabin. "Where are you going?" a voice of calm in the sea of distressed asked? "To get my gloves," Mahoney replied. "Here, take these," said Rabbi Goode as he handed a pair of gloves to the young officer. "I can't take those gloves," Mahoney replied. "Never mind," the Rabbi responded. "I have two pairs." It was only long after that Mahoney realized that the chaplain never intended to leave the ship.

Once topside, the chaplains opened a storage locker and began distributing life jackets. It was then that Engineer Grady Clark witnessed an astonishing

sight. When there were no more life-jackets in the storage room, the chaplains simultaneously removed theirs and gave them to four frightened young men. When giving their life jackets, Rabbi Goode did not call out for a Jew; Father Washington did not call out for a Catholic; nor did Fox or Poling call out for a Protestant. They simply gave their life jackets to the next man in line. One survivor would later call it "It was the finest thing I have seen or hope to see this side of heaven."

As the ship went down, survivors in nearby rafts could see the four chaplains -- arms linked and braced against the slanting deck. Their voices could also be heard offering prayers and singing hymns. Of the 902 men aboard the U.S.A.T. Dorchester, only 230 survived. Before boarding the Dorchester back in January, Chaplain Poling had asked his father to pray for him, "Not for my safe return, that wouldn't be fair. Just pray that I shall do my duty...never be a coward...and have the strength, courage and understanding of men. Just pray that I shall be adequate."

Although the Distinguished Service Cross and Purple Heart were later awarded posthumously Congress wished to confer the Medal of Honor but was blocked by the stringent requirements, which required heroism performed under fire. So a posthumous Special Medal for Heroism, The Four Chaplains' Medal, was authorized by Congress and awarded by the President on January 18, 1961. It was never before given and will never to be given again.

-Special thanks to CH (LTC) Joel Harris (USA Ret), the Chaplain at The Citadel, for sending the above and the reminder this morning that today is the anniversary of the heroism and spiritual leadership of Chaplains Goode, Poling, Washington and Fox.

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