

2018 | August



THE BORDER BULLETIN

EL PASO CHAPTER OF MILITARY OFFICERS ASSOCIATION OF AMERICA



Nationally Ranked Five-Star Chapter • MOAA Affiliate from January 23, 1956 • Our 62nd Year

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EL PASO CHAPTER NATIONAL AWARDS

Levels of Excellence

Runner-up	2000 and 2001
Five-Star Chapter	2001 thru 2017
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

Editorial Policy

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



PRESIDENT'S MESSAGE

COL Forrest Smith, USA, Retired

From the MOAA President/CEO, Lt Gen Atkins. Hopefully MOAA members have followed MOAA President and CEO LtGen Atkins' efforts to inform the review of the FY19 National Defense Authorization Act (NDAA), especially as it relates to TRICARE. In a 29 June letter to committee leaders, LtGen Atkins stated "we (MOAA) strongly disagree with Section 701 of the Senate version of the NDAA". Section 701 eliminated the grandfathering of beneficiaries enrolled in TRICARE prior to 1 Jan 2018, and further established a single co-payment structure, in an effort to "correct inequities," essentially disregarding service previously performed. LtGen Atkins expressed that this provision disregarded the intent of the FY17 NDAA, and "patently results in another round of significant increases on that select population-affecting those who served a full military career and endured increases last year when the Defense Health Agency unilaterally implemented changes to the fee tables resulting in those net increases." He further pointed out that "these new out of pocket increases, if approved, would

be achieved through higher enrollment fees, new non-network deductibles, higher catastrophic caps and pharmacy fee increases-all of which significantly erode the military health care."

El Paso Veteran Service Organizations. The challenges to military service member entitlements, such as the TRICARE fee increases addressed by LtGen Atkins above, should inspire a renewed effort locally to synchronize local VSO issues, and collaboration efforts, in order to more effectively inform local Congressional and State leadership. Several years ago, Mr. John McKinney served admirably as the leader of the El Paso Veteran's Coalition. Since his passing, and despite several efforts at various levels, there has not been an accepted and acknowledged single Veteran's coalition effort locally that synchronizes concerns across the broad range of VSOs in the El Paso area. There are however, some great opportunities you might consider following. Senator Jose Rodriguez has initiated the Quarterly Health Care Advisory Committee (HCAC), with the last meeting occurring on 27 June. The meetings have been held at the Senator's District office at 100 N. Ochoa, Suite A. The Committee is now developing sub-committees to work on specific issue areas like health professional shortages, access to care, behavioral health, GME funding, reimbursement rates, and managed care. Folks interested in participating on a subcommittee or attending a future HCAC should contact Senator Rodriguez's Chief of Staff and Legislative Director, Sushma Smith at (sushma.smith@senate.texas.gov).

Also on 27 June the leadership of the local Association of the US Army changed, with Mr. Richard Dayoub assuming the reigns of this very large and influential organization. Mr. Dayoub has worked closely for years with Mr. Gus Rodriguez, the 4th Region AUSA President, in promotion close collaboration between the Ft Bliss active duty and retiree community, and the El Paso Business Community. AUSA, while not technically a VSO, is a non-profit educational and professional development association serving America's Total Army, soldiers and Army civilians, and their families, providing a voice for the Army and honoring those who have served. We intend to continue our strong relationship and seek several collaborative initiatives locally with AUSA during the coming year.

As a reminder, 28/29 September marks the annual Retiree Appreciation Day (RAD) activities, and your El Paso MOAA Chapter will host the 2018 Retiree Appreciation Dinner on 28 September. Local Veterans organizations will also assemble on Ft Bliss at the Sergeants Major Academy and local veterans are encouraged to attend the presentations in the Academy conference theater.

What more can you do?

A. Stay Informed. Track MOAA's Top Ten Goals for 2018, and track MOAA's efforts to support you.

B. Get involved: (1) Communicate directly with your political representatives; (2) Become a MOAA Member and speak with one voice. Join now by visiting www.elpasomoaa.org.

"Professional Leaders belong to Professional Organizations." Become part of the solution. Join MOAA.

"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

AUGUST 2018

The Foundation provided 35 awards to JROTC seniors at their school recognition ceremonies across the city. Several Board Members volunteered to assist David in the presentation task. We also provided the senior UTEP Cadets with their "Gold Bar" insignia. Thanks to all who made a contribution towards the purchase of these items. The Board agreed to continue this program with the shirt or blouse epilate insignia next year even though the National has abandoned their program of providing funding for the purchase of "Butter Bars".

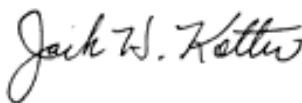
The Foundation will receive a \$3750 grant from the Nations for the project of providing computer workstations at Veteran Transition Centers. Since the grant was less than the projected project costs, the effort will have to be scaled back unless other grant funds can be obtained. The Foundation Board may have some funding available to complete the initiative to an acceptable level. To accept the grant the National required the purchase of liability insurance, which the local Chapter readily agreed to fund the insurance cost. This leaves the entire grant amount to be spent on the work stations thanks to the Chapter Board action.

Several Board Members visited the Armed Services YMCA facility to be briefed on their many and extensive services provided to the local community. It was very informative and provided great insight into what services they do provide and the funding that is necessary to function. Their youth support goes beyond military families with their after school and summer programs. They also sponsor a summer camping program to list a few of their activities. The Foundation will continue to provide assistance to the food bank they conduct at Ft. Bliss.

As you may recall one of the Chapter's luncheon programs given by Judge Angie Barill about The El Paso Veterans Treatment Court Program. Since that time several of the Board Members have attended one of the Wednesday afternoon weekly court sessions and one of the Wednesday afternoon quarterly graduation ceremonies. This volunteer effort by Judges Barill and William Moody is making a tremendous impact on some local veterans who need assistance in correcting and reestablishing their lives. The Foundation Board is considering how further assistance could be given the successful graduates.

The Foundation Board will continue with initiatives to complete grant applications with the Hospitals of Providence and Wells Fargo Bank. If these grant requests are realized, the Foundation will have more funds to assist organizations that meet the service objectives specified in the Foundation Bylaws.

Never Stop Serving



Jack H. Kotter
BG, USA, Retired

NEW MEMBERS

Mrs. Beth Hutchins

RENEWALS

Mrs. Dorothy Ladd
BG Jack Kotter
CW2 William Tidd+
CW2 Theodore Swager
CW5 Stephen Ikeda



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needs you!
You Need MOAA!
See 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.

AUGUST GUEST SPEAKER



Mr. Michael L. Amaral
Director, El Paso VA

Mr. Michael L. Amaral is a recent retired Army Veteran who has over 30 years dedicated service with an emphasis in health care leadership. In fact,

he served as Chief of Staff for William Beaumont Army Medical Center in El Paso. His experience also includes: Chief of Business Operations for TRI-CARE Regional Office, Virginia; Director of Medical Administrations and Operations at Walter Reed Army Medical Center, as well as Department Administrator for Department of Medical also at Walter Reed Army Medical Center, Washington DC just to name a few.

Mr. Amaral received his MS in Healthcare Administration from Baylor University in Waco Texas and his BS from Norwich University, Vermont as a Distinguished Military Graduate.

Lunch Menu AUGUST

Steak Tampiqueña
Sautéed Broccoli Almandine
Tossed Green Salad w/dressing,
Roll w/Butter,
Coffee, Iced Tea, and Water
MOAA Cake

Meeting Program

Saturday, 11 August
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, 6 August, 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**



Guest Speaker, Mrs. Mayre Sue Overstreet and Chapter President, Colonel Forrest Smith meet at the June 2018 Membership Meeting.

Report a Retiree Death

Monday - Friday:

0730 - 1700

915-568-5207

After Hours (Installation)

915-569-6950/6951

Retiree and Annuitant Pay Dates for 2018

Entitlement Month	Retiree Payment Dates	Annuitant Payment Dates
January	Thursday, Feb. 1, 2018	Thursday, Feb. 1, 2018
February	Thursday, Mar. 1, 2018	Thursday, Mar. 1, 2018
March	Friday, Mar. 30, 2018	Monday, Apr. 2, 2018
April	Tuesday, May. 1, 2018	Tuesday, May 1, 2018
May	Friday, June 1, 2018	Friday, June 1, 2018
June	Friday, June 29, 2018	Monday, July 2, 2018
July	Wednesday, Aug. 1, 2018	Wednesday, Aug. 1, 2018
August	Friday, Aug. 31, 2018	Tuesday, Sept. 4, 2018
September	Monday, Oct. 1, 2018	Monday, Oct. 1, 2018
October	Thursday, Nov. 1, 2018	Thursday, Nov. 1, 2018
November	Friday, Nov. 30, 2018	Monday, Dec. 3, 2018
December	Monday, Dec. 31, 2018	Wednesday, Jan. 2, 2019

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

FORT BLISS ACCESS CONTROL POINTS

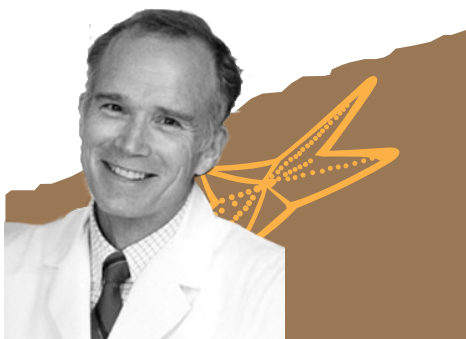
A 100% identification card check of all personnel will be implemented at all Fort Bliss access control points.

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>.



DOC'S CORNER

Dr. William Davitt

Almost all of you are already **GREAT** patients: you follow directions and you keep your appointments [all my former military patients are **always** early and I **THANK** each of you]. In addition, you have the greatest insurance plan on the planet to include extraordinary pharmacy coverage. But you can always add icing to the cake. How? Let's cover three major areas.

LEAVING MESSAGES Let's say you have a question, and you leave a message on your doctor's answering machine after hours. Sure, answering

machines are now digital, which improves playback, but speaking slowly and clearly doesn't hurt.

START OUT WITH YOUR PHONE NUMBER. WHY? That's typically what gets tangled up when the doctor's staff is retrieving messages. But if on replay, that number is right up front, that staff member can get back to you quicker. It sure doesn't hurt, though, to repeat your name and phone number as you finish up your message, as a safety net.

And for gosh sakes, leave your correct phone number! I can't count the number of times I try to call, only to find out the (non ex-military) patient gave

me a bad number. And often, this is around supper time, when I'm home, without the chart. Guilty patients usually offer the excuse 'well, I don't ever call myself.' Point taken, but a **SUPER** Patient would always leave a correct phone number.

Speaking of calling back, please ensure your voice mail box can accept messages or that your answering machine is turned on. Another tip: if you're using your answering machine to screen calls, and your doctor calls and leaves a message, don't get mad if his line is busy when you call back right



Con'td on page 19

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[@MilitaryOfficer](#) for general MOAA information about the latest military offers, health care news, and other service-related information

[@MOAA_MilLife](#) for the latest on everything pertaining to military spouses and families

[@MOAAPrez](#) for insights coming out of MOAA's front office via Lt. Gen. Dana Atkins, USAF (Ret).

WATCH THE MOAA CHANNEL ON YOUTUBE

Subscribe to the MOAA channel on YouTube to see our latest videos! Watch video previews and highlights from our symposia; you can even catch the MOAA commercial airing on the Military channel!

GET LINKEDIN WITH MOAA

MOAA has a career networking group on the professional networking site LinkedIn. Join the group today and stay current in your job search- find old colleagues and meet new ones! It's easy and it's free to use.

See the MOAA BLOG at www.moaa.org/blogs for information on: military benefits, military family affairs, and military interests,

Refer to [@texasgov](#) for more information on the Texas Legislature.

Our federal representatives can be found at: [@SenTedCruz](#), [@JohnCornyn](#), and [@RepBetoO'Rourke](#)



AUXILIARY LIAISON

Mrs. Connie Sullivan

Back when my husband passed away, I like all of us that have lost our partners, the love of our lives, I was devastated, felt lost, extremely sad and experienced a void in my life.

My husband had been ill for two and a half years from the effect of the chemical Agent Orange. While he was sick,

I didn't mind that people we knew did not come to see him at the hospital because, as we know, our spouses had been skilled warriors and were not accustomed to being helped.

They had been in charge and was a humbling sense of dependency being in a position of helplessness and weakness. They had taken care of us all our marriage lives and now even though it was our turn to take care of them, they didn't accept it easily. However, that is the way it is.

When he passed on to the next life, at his funeral not many people who knew him attended and that made me not only sad but disappointed that some of his friends who thought so well of him didn't go to say good bye.

I was even disappointed with our friends at the chapter. But what had happened, was that I had been so caught up with my emotional pain and sorrow that I had failed to mention it to

the people that esteemed us and did not report it to our association. Sometimes we have to speak in order to be heard.

In retrospect, even though my husband had made his own funeral arrangements and wanted a simple ceremony, it would have been nice for those love ones that cared so much for him to have had the opportunity to say good bye to their friend.

We live and learn in this life. To lose a love one is such a traumatic experience that sometimes it is impossible to think of all the things that have to be done at the time.

But even in making mistakes, there is always a tomorrow that God gives us to make things right, so that in the future we can call on our Supreme Being to guide us in order that we can be aware of the things that are needed to be done with His help and love.

The below article is from the Chapters and Councils Surviving Corner Update — July 2018

SURVIVING SPOUSE CORNER UPDATE

SURVIVING SPOUSE CORNER: 10 TIPS FOR TAKING A ROAD TRIP ALONE

If you're planning a solo road trip, these tips can help make it successful and rewarding. By Gail Joyce, Surviving Spouse Advisory Committee member

Traveling alone is not something military spouses usually experience. But when we find ourselves living alone and the desire to travel is still there, what do you do?

Of course, you can join a tour group or find a family member or close friend to travel with you. But that doesn't always work out.

The following tips can give you confidence and provide for a successful and rewarding trip when traveling solo:

- Research and plan. Choose a destination. Look at a paper map. Plan a tentative route — which always is subject to change as your trip evolves. GPS can be helpful, but it does not always know best, and it really helps to get the big picture — instead of the little chunks you get on your GPS. Check out driving time/driving distance to places along your

chosen route. I use Travelmath and have found times/distances usually are accurate.

- Get your car checked and serviced prior to leaving. Make sure tires are good, fluids are full, and the AC is working!

- Know your strengths and weaknesses. For example, I really enjoy driving and I have a good sense of direction. But I get sleepy in mid- to late -afternoon. Plus, I do not like to drive after dark. Therefore, I plan my drive time for about five-hour days, and I prefer to leave early in the day. I also like to take recorded books along to help pass the time. They are available at any Cracker Barrel along the way.

- Make hotel reservations. If you leave that to last-minute decisions, you might find yourself on the road late at night without a place to stay. Staying at a bed-and-breakfast is always a good choice as it might give you an opportunity to meet some fellow travelers.

- Use mealtime to relax and meet other travelers. Talk to strangers and smile. Coffee shops and restaurants

with communal tables and/or a bar are environments that often encourage conversation. Put away your phone. Take a book with you; it's always good for a conversation starter. Ask for suggestions from locals on what to do and where to go or ask directions. They usually are very helpful and friendly.

- Do something you normally would not do. Try a zip-line, a river-rafting trip, a cooking class, or a local art/craft class. Tours are wonderful ways to be with other people. You have one thing in common — the reason you are on the tour!

- Take a lot of pictures. Use social media as a diary for your trip. This is great for staying in touch with everyone. They will see how well you are doing and that you are safe and having a good time.

- Leave a copy of your itinerary with friends and family.

- Make a list of your emergency contact information.

- Be curious about where you are, who you meet, and things you see along the way.

ARMY NURSES AND THE SAN FRANCISCO EARTHQUAKE OF 1906

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

In the early hours of April 18, 1906, a horrific earthquake which was estimated to have measured 7.9 on the Richter scale hit San Francisco. Tremors could be felt as far north as Oregon and far west as Nevada. A few hours later, another shudder rocked the city and caused gas mains to rupture and engulf the city in fires that took three days to burn out.

The Army General Hospital of the Presidio (later Letterman Army Medical Center) was immediately opened to civilians as nearly 300,000 displaced and injured persons were attempting to deal with one of the most significant earthquakes of all times.¹ The hospital was the biggest and most modern of all military hospitals. Now electrical, water, and telephone services were curtailed by the disaster.

Yet by the end of the second day, the number of patients who were admitted grew to over 1,000 patients. Anna Blake, writing to her grandmother described what it was like, "Over one hundred of us

were crowded together in one of the [Army] barracks. . . . It was impossible to keep the place clean. There was no heat, scant food, and little water. . . . Then conditions began to improve. . . . [Wards] were kept with military exactness. Everything possible is being done for our comfort. . . . [T]hrough all the tragedies of the hospital scarcely anyone cried out."²

Despite the continual aftershock, the smell of the burning hills, Chief Nurse

Dora Thompson and her staff cared for all the patients. Not only did she ensured patients were properly cared for, she also found places to live for the volunteer trained nurses, who flooded in from the community, and via the trains from the country.³

Nurses changed dressing after dressing and tried to reassure the patients who were frightened by the smell of smoke and the constant aftershocks. They made rounds assessing for signs of shock, such as "feeble pulses and blue lips" providing extra blankets, hot water bottles, and warm drinks. If a patient was prepared for surgery, each

a nurse volunteer described her first night quite vividly,

"As soon as my friend and I had donned our long white smocks, which we had brought with us, our work began. . . . Patients were being brought in continually through the night and beds had to be made ready for them, which consisted of mattresses laid upon the ground under the little oak trees. The glow from the burning city almost turned night into day, and made lanterns unnecessary as the night advanced, except in the supply- tents and the surgery. We went from one patient to another, doing all in our power to relieve pain with

hypodermic injections of morphia and to stimulate with hypodermics of strychnia, hot coffee and hot-water bottles. I tried at first to obtain my orders from Dr. Millar, who was in charge, before giving these injections, but so much delay was caused by looking for him that when I presented the matter to him he said, 'Use your own judgment,' which I did until the work abated a few hours later".⁶

By May 13, less than thirty days from the event, the majority of non-military patients were returned to civilian hospitals. 756 new patients were cared for at the general hospital, of whom no more than 56 died. Army nurse and their volunteer counterparts "have earned for themselves such a fine reputation[.] in this challenging civil relief effort."⁷



Chief Nurse Dora Thompson pictured in front of Army Field Hospital No. 1

one who gave a hypodermic injection pinned a tag on to the patient on which was written the quantity of the drug and time when it was given.⁴

When the military hospital was threatened to be overwhelmed with patients and volunteer staff, an emergency receiving area was set up to triage patient either to one of three outpatient dispensaries or the hospital. In Field Hospital no.1, which was set up in the tent community in Golden Gate Park,⁵

¹ "Where Can I Learn More About the 1906 Earthquake?," Berkeley Seismological Laboratory, accessed on June 7, 2018, https://web.archive.org/web/20080327145305/http://seismo.berkeley.edu/faq/1906_0.html; "The 1906 San Francisco Earthquake," PBS, accessed on June 7, 2018, https://www.pbs.org/newshour/spc/indepth_coverage/science/1906quake/

² Anna Blake [Mazquidato] to Grandma [Mrs. H. L. Blake], May 26, 1906, accessed on June 7, 2018, <https://oac.cdlib.org/ark:/13030/hb1f59n7x9/?brand=oac4>.

³ "The Army Nurse Corps," American Journal of Nursing 12, no. 3 (December, 1911), 240.

⁴ Although there are no first hand memoirs of Army nurse to shed light on their work, letters and article written by other participants may help understand what they did. Lucy Fisher, "A Nurse's Earthquake Experience," American Journal of Nursing 7 no. 2 (November 1906), 84-98; "The San Francisco Disaster," American Journal of Nursing 6, no. 9 (June, 1906), 581-592

⁵ "1906 Earthquake: Medical Care and Sanitation," Presidio of San Francisco, accessed on June 7, 2018, <https://www.nps.gov/prsf/learn/historyculture/1906-earthquake-relief-efforts-medical-care.htm>.

⁶ Lucy Fisher, "A Nurse's Earthquake Experience," American Journal of Nursing 7 no. 2 (November 1906), 94.

⁷ Ibid., 397; Mary Gillett, The Army Medical Department 1865-1917 (Washington, DC: Center of Military History, 1995), 367.



PERSONAL AFFAIRS

Jose Luis Hernandez

In 2016, Americans donated \$389.05 billion to charity, a more than 4 percent increase from 2015, according to the [National Philanthropic Trust](#).

Nonprofit organizations noted they received about half of these individual donations at the end of the year, either because of the holiday spirit of giving or a desire to give before the Internal Revenue Service (IRS) deadline. Whatever your reason for giving, how and to whom you give can make your philanthropic gift - no matter the size - more meaningful.

The National Philanthropic Trust estimates there are more than 1.5 million charities in the U.S. This number includes 40,000 registered military and veteran nonprofit organizations that support servicemembers, veterans, and military families and tens of thousands more nonprofit organizations that in some manner touch servicemembers, veterans, and military families.

With so many charities, choosing the right one can seem daunting.

MAKING A MEANINGFUL DONATION

Select a cause that is meaningful to you and one about which you are passionate. What injustice would you correct? What changed your life? From feeding hunger or curing cancer to preserving the environment or supporting an institution that positively affected you or your family members' lives, it's a personal choice and one for which there is no single right answer.

When you pick a cause in-line with your values and beliefs, you have identified your philanthropy. By doing so,



you will feel less inclined to support impulsive solicitations that play on your compassion. In some cases, these solicitations do more to line the pockets of the solicitors than actually help anyone in need, but it can be hard to determine effectiveness when faced with an immediate request. It's best to research a charity before making a donation.

NARROWING DOWN THE CHOICES

Once you have selected a cause, you typically will find many charities support that cause. How do you make sure your donation is going to a legitimate and effective organization that benefits the cause that is important to you?

Gone are the days when you could rate a charity's effectiveness solely based on which one has the lowest overhead expenses, which exposes only the poorest-managed charities. Donors' reliance on only this indicator discourages nonprofit charities from reinvesting into their own development - which, like successful for-profit organizations, they need to do. This lack of reinvestment can keep charities from achieving their long-term goals, which are important to you as a donor.

Instead of using a one-dimensional test, independent charity evaluators review charities for accounting transparency and discrepancies, defined goals, efficiency, and whether they are registered as tax-exempt with the IRS. (Read ["Your Guide to Charity Evaluation Tools."](#)) Some charity reviews even

are beginning to measure effectiveness by looking at how close a charity has come to no longer being needed; a successful charity sometimes is one that works toward its own obsolescence. Independent charity evaluators also can help determine whether an organization is fraudulent or attempting to solicit donations by using a name similar to well-known organizations.

Even if a charity has checked out, avoid the temptation to spread your donations across too many charities. According to [Charity Navigator](#), one of the largest charity evaluators, focusing your contributions allows more of your money to go directly toward helping your cause rather than toward processing expenses.

MAKING IT PERSONAL

Although organized charities do incredible work, perhaps you're moved by a story you saw on the local news about a family who lost their home in a fire or you know a teacher raising money to take her class on a field trip. GoFundMe, a crowdfunding platform, allows you to make a donation that you know will directly impact a particular individual or group. Since its inception in 2010, over \$5 billion has been raised on the GoFundMe platform for over two million campaigns. It's important to note these donations are rarely tax-deductible since the campaigns are not viable charities.

Con'td on page 23



**2018
EL PASO
CHAPTER
MOAA
EVENTS
SCHEDULE**

August 11, 2018	August Membership Meeting and Luncheon
September 3, 2018	Labor Day
September 28, 2018	Retiree Appreciation Day Reception & October Membership Meeting
September 29, 2018	Retiree Appreciation Day
October 31, 2018	Halloween
November 6, 2018	Election Day



JUNE 9, 2018





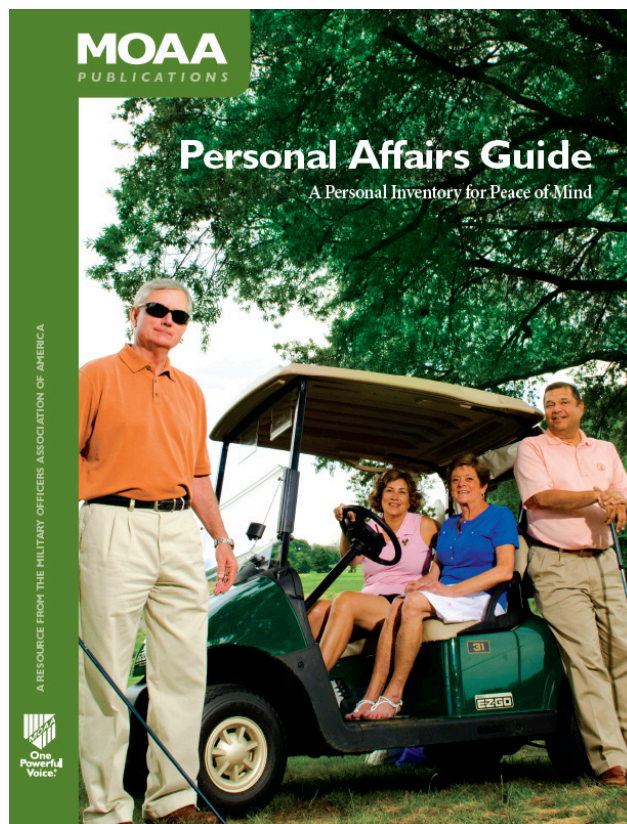
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- Blood Flow Moderation Training

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 836 E. Redd Rd. • Suite B • 915-845-4060
 4242 Hondo Pass • Suite 110 • 915-751-0599
 12801 Edgemere Blvd. • Suite 102 B • 915-493-6795
 13650 East Lake • Suite 505 • 915-493-6798
 3215 Gateway Blvd. West • Suite 201 • 915-493-6799
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elpasomoaa.org

El Paso Chapter
Military Officers Association of America
PO Box 6144
Fort Bliss, TX 79906-0144

BASIC MEMBERSHIP ENROLLMENT

☒ YES! Sign me up as a **FREE** BASIC MOAA Member

Name _____

Branch of Service _____ Rank _____

☐ Retired ☐ Active ☐ Former

☐ Reserve ☐ National Guard ☐ Auxiliary*

☐ Graduation Year (Cadet/Midshipmen) _____

Email Address** _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

To ensure deliverability of MOAA communications, please provide a personal email without a ".mil" domain if available.

We value your privacy. MOAA does not rent or sell its members' emails to third parties. If you include your email address, you will receive e-communications from MOAA as a member benefit. Visit www.moaa.org/email for details.

Date of Birth _____

Spouse Name _____

Your spouse has access to all of your MOAA member benefits.

Membership is open to active duty, former, retired, and National Guard and Reserve commissioned and warrant officers of the uniformed services and their surviving spouses.

* Surviving spouse of eligible officer

** Email address required for BASIC Membership

Chapter Name _____

M1300CJOIN

or

Chapter MEMBERSHIP ENROLLMENT

☒ YES! Sign me up as an El Paso Chapter Member

☐ Retired ☐ Active ☐ Former
☐ Reserve ☐ National Guard ☐ Auxiliary
☐ Friend of Chapter

☐ Reserve ☐ National Guard ☐ Auxiliary*

Address _____

City _____ State _____ Zip _____

Email Address _____

Phone Number _____

Unit _____

To ensure deliverability of MOAA communications, please provide a personal email without a ".mil" domain if available.

MOAA Number _____

Date of Birth _____

Spouse Name _____

Your spouse has access to all of your MOAA member benefits.

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☐ One-Year Electronic Membership \$15

☐ Multi-Year Memberships Contact Membership Chair

*Surviving spouse of eligible officer

M1300CJPRE

Method of Payment

☐ Check (please make payable to El Paso MOAA) ☐ Visa ☐ Discover ☐ MasterCard ☐ AMEX

Charge my card \$ _____ CCV _____

Card number _____ Expiration date _____

Signature _____

Dues to MOAA are not deductible as a charitable contribution for federal tax purposes.

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El Paso Chapter MOAA
PO Box 6144
Fort Bliss, TX 79906-0144

Add your own voice to the fight.





El Paso Chapter
Military Officers Association of America (MOAA)
PO Box 6144
Fort Bliss, TX 79906-0144

August 2018 Membership Meeting & Lunch

General George Underwood Golf Complex

3200 Coe Ave., El Paso, TX 79916

Date: Saturday, 11 August 2018

Time: 11:00 AM – 2:00 PM

Guest Speaker

Colonel Michael Amaral, USA, Retired
Director, El Paso VA Health Clinic

Menu

Steak Tampiqueña
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, 5 August 2018 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, August 8, and pay at the door.

Lunch will be on Saturday, 11 August 2018 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:

FEDERAL RETIREMENT PLANNING KNOWLEDGE TEST | TRUE OR FALSE

Let's test your understanding of the retirement process. See how you do with the following true or false statements about subjects that commonly come up in pre-retirement or mid-career seminars. Answers are at the bottom of the column.

Questions:

1.In order for your spouse to be entitled to continue federal health insurance after your retirement, they must have been covered for five years before you retired.

2.Federal retirees do not have to enroll in Medicare Part B when they reach age 65. Their Federal Employees Health Benefits Program plan will continue to provide coverage whether they enroll in Medicare or not.

3.You can be assured your military service and any other prior federal service will count towards eligibility and computation of your retirement benefit as long as it is included in the service computation date that appears on your Notification of Personnel Action statement, Form SF-50.

4.A widow or widower can file for Social Security benefits on the work record of their late spouse and delay their own Social Security benefit to as late as age 70.

5.The main reason so many federal employees retire at the end of the year is the tax advantages of doing so.

6.Federal employees who continue to work past age 70 1/2 are required to take minimum distributions from their Thrift Savings Plan accounts and are no longer permitted to contribute to their accounts.

7.When you begin receiving federal retirement benefits, you must cancel your Federal Employees Group Life Insurance coverage.

8.When you retire, you can continue to use the balance in your health or dependent care flexible spending account through Dec. 31 even if your retirement date is earlier in the year.

9.If you retire the day after your salary increases, the new salary rate

will count as one year of your high-three average salary.

10.You should retire on your federal anniversary date so your retirement benefit will reflect another full year of federal service.

Answers:

1.False. You will need five years of coverage under FEHB to continue coverage after retirement. You can elect self plus one or self and family enrollment after retirement.

2.True. Your FEHBP plan will continue to provide coverage even if you don't enroll in one or more parts of Medicare. But there are benefits to enrolling in Medicare once it becomes the primary payer after you are retired and over age 65. Many FEHBP plans will waive their own deductibles, copayments and coinsurance once Medicare is the primary payer. Some plans will provide a supplement to help pay the premiums for Medicare Part B.

3.False. Your leave service computation date appears on your SF-50. This is not necessarily the same as your retirement service computation date. Some service that was not covered by retirement deductions may not be credited towards retirement eligibility and computation even though it counts towards leave accrual. In addition, some military service used in computing military retirement benefits will count towards leave accrual but not towards retirement unless the military retirement benefit is waived and a military service credit deposit is paid.

4.True. Widows' and widower's benefits are more flexible than other Social Security benefits. It's possible to begin receiving benefits on the work record of a deceased spouse (or former spouse, in some cases) and delay your own "earned" benefit to avoid an early retirement reduction and earn delayed retirement credits up to age 70.

5.False. Although there may be some tax advantages to retiring at the end of the year, the main reason federal employees have traditionally done so is

to get the maximum lump sum annual leave payout, which includes leave carried over from the previous year plus all leave accrued in the year of retirement that wasn't used.

6.False. RMDs are not required until after you reach age 70 1/2 and are separated from federal service.

7.False. As long as you've had Basic FEGLI coverage for at least five years prior to retirement, you can continue this coverage into retirement. It is valued at your final salary rate rounded to the next thousand, plus \$2,000. You'll pay the same premium as you paid while employed if you are under 65. Once you turn 65 and are retired, basic FEGLI is free and the coverage will reduce by 75 percent.

8.False. Your participation in FSAFEDS ends when you separate from the government. Any expenses you incur after your participation ends are not eligible for reimbursement. Any eligible expenses incurred prior to separation will be reimbursed, and if you used your entire elected amount before FSAFEDS has deducted it from your pay, you will not be responsible for the remaining allotments.

9.False. Your high-three average salary is a daily average of your basic pay rates over any consecutive three-year period of your career with each rate weighted by the length of time it was in effect. If you retire the day after a pay increase, that rate will count for only two days out of the three-year average.

10.False. The significance of your anniversary date of federal service is to be sure you have the minimum amount of service needed to retire at your age. For example, at age 60, you must have 20 years of service to be eligible for an immediate, unreduced retirement benefit. The service used in the computation of your retirement benefit is calculated in 30-day increments.

[Source: GovExec.com | Tammy Flanagan | June 14, 2018]



CHAPLAIN CORNER

Mrs. Connie Sullivan

I recently said good bye to a lovely family that I had met in church. Maj Bush left the Army to join the Coast Guard.

It was wonderful to have known this man that was so dedicated to his loved ones and was such a great example of a Christ-like human being with excellent attributes of compassion, sympathy and care and concern for others. He related the experience of his military life to me:

"Worshiping God in the armed services should be easy, right? Especially when the purpose of our founding fathers creating the United States Army

was to fight for religious freedom in the 1700s. But my experience in the Army has shown that truly living a virtuous and God-fearing life is not always easy. It is a strange paradox that the very men and women in the armed services known for their uniformity, valor, and patriotism at the same time are known for drunkenness, vulgarity and profanity.

Throughout my Army career I have heard a lot of vulgarity in speech and discussion. Although this is true, some of the best and bravest of the world are found within the troops of the United States armed forces; people who are giving their lives willingly for freedom to protect those who cannot protect themselves.

One of my favorite memories of my Army service is that of worshiping my God no matter where I have been. I have been able to worship God in a tent in the woods of Pennsylvania, a brick and mortar structure in Texas, a corrugated metal shed in Iraq, a wooden shack in Kuwait, and an office building in Maryland. I have seen the Spirit touch men and women who normally use profanity to remain silent when someone is speaking of God.

Once I sat and prayed in a church meeting in Iraq, and when I opened my eyes I saw my holstered weapon lying on the floor. I realized the very weapon that has the power to destroy can also protect. The weapon that can kill can also be a powerful image of protection. We may feel afraid when we see a weapon in the hands of a terrorist, but it can comfort us if we see that same weapon in the hands of a soldier or law enforcement official. As I prayed that day I recognized it is not the weapon that is dangerous, it is the lack of kindness and charity for other people.

I will forever be thankful to all the men and women -at-arms who fight for our right to protect these God-given virtues, even though they aren't perfect and therefore sometimes don't emulate all these virtues. It is likewise not a set of words spoken that will give us power to come closer to God, but it is the love of God and love of mankind that has the power to change those words into a prayer that leads to action.

I pray that we may all come closer to God and give the glory to HIM who never ceases to love all of us".

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 #: 915-562-6074 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 Kimberly or Wendy 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 Kimberly or Wendy if you have questions. Thank you.



LEGISLATIVE COL. Lennie Enzel

Legislative action is starting to heat up. It is essential that you stay aware of pending bills and contact your representatives to weigh in on topics that will affect your earned benefits and wallet.

The House and Senate are still finalizing the Fiscal Year (FY) 19 National Defense Authorization Act (NDAA). One very important item is the plan to increase Tricare fees. As this comes from the Senate side of Congress, I strongly recommend contacting our Texas Senators Cruz and Cornyn and asking them to oppose Section 701 in the Senate version of the NDAA. This provision eliminates the grandfathering for beneficiaries enrolled in TRICARE prior to January 1, 2018 with the intent to establish a single co-payment structure for all beneficiaries. These new out of pocket cost increases would be achieved through higher enrollment fees, new non-network deductibles, higher catastrophic caps, and pharmacy fee increases. Moreover, these additional fees are not being used to maintain or improve the military health care system - but are instead being used to fund readiness or other unspecified programs. DoD health care costs are declining, not rising. DoD's own data from its annual reports to Congress show DoD health care costs continue to decline or remain flat from past levels. Both TRICARE for Life and purchased care costs to DoD have been dropping for some time.

On June 6, 2018, President Trump signed the VA Mission Act into law. The Department of Veterans Affairs is now required to provide access to community care if the VA does not offer the services the Veteran requires. The VA is required to enter into contracts with private networks to insure veterans get



**CALL YOUR
SENATOR**

Cornyn, John
(202) 224-2934

Cruz, Ted
(202) 224-5922

this care when warranted. Additionally, it expands eligibility for the Caregiver Support Program to all Veterans with service-connected medical issues. In the past, access to this program was limited to post-9/11 Veterans. It also requires the VA to ensure its care providers—including contractors—are using “evidence-based guidelines” for prescribing opioid-based painkillers or pain management approaches. These guidelines are found in the Opioid Safety Initiative which must be adhered to as a condition of providing community care.

Starting next year, service members who have been in the military for more than 16 years will no longer be able to transfer GI Bill benefits to their dependents — a change to current Pentagon policy that's garnered mixed reviews from military advocates.

The Defense Department announced today it is instituting the 16-year cap, effective in one year, and making other changes “to more closely align the transferability benefit with its purpose as a recruiting and retention incentive,” according to a statement.

Currently, service members with at least six years under their belt may transfer their GI Bill benefits to a spouse or child, provided they agree to serve in the military for four more years. Effective immediately, service members who are not eligible to fulfill the additional service requirement — including because of mandatory retirement, high-year tenure or medical issues — may not transfer their benefits.

The six-year minimum requirement is not changing.

THE BORDER BULLETIN

Con'td from page 7

HOW TO BE A SUPER PATIENT

away. He's already on the line with the next patient on his list.

SECOND OPINIONS This is probably a review, but conscientious doctors always welcome second opinions. If your doctor was right, it's reinforcement. If he was off track, it's a learning experience. Two key ingredients: 1. be sure your second opinion doctor is at the same or great level of expertise. 2. take your data to the second doctor. Let's take each in order. Let's say your heart specialist says you need a valve replaced or a pacemaker. Generally, a primary care physician would pass on giving you a second opinion. A more logical path might be a cardiovascular surgeon—the specialist who actually replaces the valve. The pacemaker question might be best answered by someone who treats cardiac electrical conduction problems: an electrophysiologist.

Taking your data with you might eliminate repeat tests. It also gives the second doctor a window into how the first doctor thinks. And don't worry about the politics. You, the patient, are the only thing that matters here.

WHAT IF YOU DON'T LIKE THE TREATMENT OPTIONS? Just tell your doctor. Not to worry, though. What I do is outline the options verbally, and in writing, to include the consequences of non-treatment. As long as you are fully informed, “you are driving the bus” as I tell my patients. I still do proper follow-up because the data, or the treatment plan, and or the consequences may change. Each visit is a chance to update your decision. I do hope all my colleagues do the same.

That's how you all can be SUPER patients.

Dr. Bill Davitt, former Chief,
Eye Diseases and Surgery, WBAMC

TEXAS LEGISLATION WILL ENROLLMENT FEES BE NEXT?

During the interim, the legislature has been fairly quiet, with Senators and Representatives more worried about election campaigns that will culminate in November. The Governor has been preoccupied with the natural disaster of Harvey, telling all committees that they need to be looking at ways to provide relief to the victims of Harvey. He has also reiterated that he wants to look at further property tax relief. The conundrum comes with the fact that though the state budget projections for the next biennium don't look that bad, the state comptroller is warning that the state has some massive obligations that it is going to have to address and those obligations are going to have a huge price tag.

Harvey, he warns, has bond holders and financial analysts worried that bond ratings will rise because of the destruction that it caused. In addition, the state has still, not really addressed the continued needs having to do with school funding and the larger obligations coming up with the teacher retirement system that are not fully funded.

Initial indicators appear to be suggesting that the Hazlewood may come out unscathed during the upcoming session due to several factors. First, Admiral McRaven at the University of Texas is gone, and he was a driving force among the colleges and universities to make some rather draconian modifications to the law, and secondly, it appears that none of the schools has accumulated the data relative to Hazlewood usage that the legislature required them by law to put together; and third, the schools of higher education are struggling to keep that state funding that they presently have because of intense scrutiny by the legislature. These factors won't mean, however, that we won't keep a close eye on protecting the Hazlewood.

There will be a continuing effort to reintroduce and pass legislation that will modify and modernize the entire ad

valorem tax exemption process for all disabled veterans. Several years ago, then State Comptroller Susan Combs and her staff recommended that the exemption process be put on a percentage basis as opposed to a fixed rate of exemption. In this way, it would adjust with the value of the home that veteran was occupying. We came very close to accomplishing this in the 84th session, but the legislation was caught up in Calendars and didn't make it to the floor of the House. During the 85th session, the bill did not move forward primarily due to, what we considered, and erroneous report from the Legislative Budget Board as to the cost of doing the changes. What we are trying to do at this time, is make sure that the LBB separates projected costs from already existing costs that would result from the changes. It is also our hope that with the Governors initiative for tax relief, this would be a natural extension of that effort.

Since our last meeting, Representative Rick Miller hosted a Veterans Summit at her Capital on May 2nd. The morning portion of the meeting was devoted to various state agencies who assist veterans and the afternoon was spent with a panel of VSO's talking about what they do and are doing for veterans. Several members of TCC attended the meetings and I am told that they enjoyed them. (I was not able to attend the summit because of prior commitments.),

Sam Wilder and I attended a meeting of the Senate Veterans Affairs and Boarder Security Committee chaired by Senator Donna Campbell- R- New Braunfels/San Antonio on May 22nd. This was an interim committee hearing to discuss veteran's health delivered by the VA and Heath services delivered by the State of Texas. This was a lengthy hearing at which many groups and organizations testified beginning with VA representatives from VISN 17. Sam presented some excellent testi-

mony and rather than repeat it, I have attached a copy of the testimony with this report. These hearing are very important in that they give the Senator's insight as to how legislation is working and if any changes need to be made. I would encourage TCC members to attend some of these hearings to see how this process works and how their testimony can affect legislation.

In March, the Sunset Commission came out with a report on the continued funding and existence of the Texas Veterans Commission. They came out with five issues that the TVC needs to work on, but recommended them for funding over the next 12 years. The issues were:

- TVC Lacks the Proactive Planning and Necessary Information to Regularly Evaluate and Improve Services to Veterans.
- TVC's Status Quo Approach to Claims Counseling Does Not Maximize State Resources to Best Serve Veterans
- TVC's Grant Program Needs Improvements to Promote Overall Effectiveness and Transparency.
- TVC Prioritizes a Costly Annual Conference Over Training Targeted to Better Meet Veterans' Needs.
- Texas Has a Continuing Need for the Texas Veterans Commission.

I have attached a copy of the Executive Summary for the TVC with this report.

At present we are waiting for the outcomes for the November elections. After this has taken place, we start see jockeying, in earnest, for the next speaker of the house. Once the legislature convenes, it may be as many as four to six weeks before this issue is settled, which will delay legislation.

Jim Cunningham
TCC Executive Vice-President
Texas Legislation

DESERT STORM MEMORIAL SITE SELECTED



A federal commission on 21 JUN approved a site on the National Mall for the future National Desert Storm and Desert Shield War (a.k.a. Gulf War) Memorial after several months of debate over whether to choose another location along the Potomac River. The U.S. Commission of Fine Arts voted to place it on one-quarter acre at the southwest corner of 23rd Street and Constitution Avenue, a decision celebrated by supporters who advocated for a spot on the National Mall during the three-year site selection process. Rep. Phil Roe (R-TN), Sen. Joe Donnelly (D-IN), and Joe Davis, spokesman for the Veterans of Foreign Wars, spoke at the commission meeting and urged members to choose the Mall site. “These men and women who went to Desert Shield, Desert Storm put their lives on the line for this country, and they deserve to be placed next to my brothers and sisters who are on that wall in Vietnam, in World War II and Korea, where I served,” Roe said.

Four members voted in favor of the location, one opposed it and one member abstained from voting.

It was a reversal of their decision in March to put the memorial on the Belvedere, a portion of land along the Potomac River at the western end of Constitution Avenue. The commission was forced to reconsider their previous decision because another federal board tasked with choosing the memorial location – the National Capital Planning Commission – decided on the 23rd and Constitution site. According to federal statute, both commissions, along with the National Park Service, must agree on a location. The National Desert Storm War Memorial Association, which is responsible for the planning and construction of the memorial, opposed the Belvedere site because it is difficult to access from other war memorials.

Scott Stump, president of the memorial association, opened the meeting by asking commissioners to watch their presentation with “an open mind and objective eyes.” Commissioner Elizabeth Meyer, who voted in opposition to the 23rd and Constitution site, asked the National Park Service and Department of

Interior to reflect on the long-term vision for the National Mall. She said it should include more than war memorials. “I’m concerned with the proliferation of war memorials on the National Mall,” Meyer said. “The Mall is public space that symbolizes our collective national identity, and we’re more than wars.”

President Donald Trump signed a resolution in March approving a Desert Storm and Desert Shield memorial in Washington. The association is responsible for all aspects of the memorial, including fundraising, design and construction. It’s estimated to cost about \$25 million and to be completed in 2021. Now that the location has been approved, the National Desert Storm War Memorial Association will move forward with the memorial’s design and fundraising. “This has been the longest, daunting, and most enduring part of our endeavor so far,” the association posted Thursday to its website. “It has also been a very rewarding one.”

[Source: Stars & Stripes | Nikki Wentling | June 21, 2018 ++]

TRICARE RETIREE DENTAL PROGRAM (TRDP) & FEDERAL EMPLOYEES DENTAL AND VISION INSURANCE PROGRAM (FEDVIP)

WHAT'S HAPPENING?

The TRICARE Retiree Dental Program (TRDP) will end on December 31, 2018. TRDP enrollees will have an opportunity to enroll in the Federal Employees Dental and Vision Insurance Program (FEDVIP), with coverage effective January 1, 2019. FEDVIP offers benefits similar to the TRDP and a choice of carriers and plan options. You'll have the ability to select from a number of nationwide/international and regional dental carriers, including Delta Dental. Delta Dental has proudly served the TRDP military retiree community for the last 20 years.

WHEN DO I NEED TO TAKE ACTION?

To avoid any disruption in coverage, you'll need to select a new plan during the Federal Benefits Open Season, which runs from November 12, 2018, through December 10, 2018, for coverage effective January 1, 2019. There is nothing you need to do to disenroll from the TRDP, as that will happen automatically at year's end.

WHY CHOOSE A DELTA DENTAL FEDVIP PLAN?

We make it easy to take care of your oral health with great benefits, affordable rates, and a large network of dentists nationwide. The same Delta Dental team you have known and trusted for your TRDP dental coverage also supports our FEDVIP plans.

In FEDVIP, Delta Dental offers a choice between two great plans to meet your needs.

- The Standard Plan option offers quality care at a low premium and a per person in-network maximum of \$1,500.
- The High Plan option offers greater coverage and an increased per person in-network maximum of \$30,000.
- The odds are your dentist is already in-network! Check our FEDVIP dentist directory to find out. Visit providers4you.com/fedvip.

- Preventive care is critical to your overall health and shouldn't cost you anything. That's why it's 100% covered under Delta Dental's FEDVIP plans when you visit an in-network dentist.

HOW DO I GET INFORMATION?

- Visit TRICARE.benefeds.com for more details about the transition and to sign up for email updates.
- Check out deltadentalins.com/fedvip to learn more about Delta Dental's FEDVIP plans. Benefits and rates information for 2019 will be available in October 2018.

Remember, no one has a smile like you. And no one can keep it healthy like us. Military retirees and their families have trusted their smiles to Delta Dental for 20 years.

SOURCE: Delta Dental News Release, Doug Schobel | Sr. Marketing Representative, Marketing and Communications, Northeast region and Overseas | dschobel@delta.org office 401-732-0297

More FEDVIP Related Information:

FEDVIP – Dental and Vision Insurance at <https://ask.fedweek.com/fedvip-dental-vision-insurance/>

BENEFEDS Website at <https://www.benefeds.com/#>

FEDVIP Plan Comparison Tool: Use our FEDVIP Plan Comparison Tool to find out which plans are right for you and your family. <https://www.benefeds.com/Portal/PlanSearch?submit=planSearch&ctoken=qW9nnO90>

Get information on ID cards, claims and covered services. https://www.benefeds.com/Portal/EducationSupport?EnsSubmit=id_cards&ctoken=qW9nnO90
https://www.benefeds.com/Portal/EducationSupport?EnsSubmit=claims_cov

[ered_services&ctoken=qW9nnO90](https://www.benefeds.com/Portal/EducationSupport?EnsSubmit=education_services&ctoken=qW9nnO90)

Learn when and how to submit a Qualifying Life Event (QLE) for your FEDVIP plans.

https://www.benefeds.com/Portal/EducationSupport?EnsSubmit=qle_submit&ctoken=qW9nnO90

Education & Support: Learn more about Dental and Vision (FEDVIP), Long Term Care (FLTCIP), Flexible Spending Accounts (FSAFEDS) and how BENEFEDS relates to them all. <https://www.benefeds.com/Portal/EducationSupport?EnsSubmit=EducationSupportMainCnt&ctoken=qW9nnO90>

FEDVIP Dental Plans: FEDVIP dental plans are split into National/International plans and Regional plans. National/International plans include full nationwide coverage as well as coverage overseas. Regional plans only provide coverage in designated locations throughout the U.S. and do not provide coverage overseas. Review information about participating National/International and Regional plans at https://www.benefeds.com/Portal/EducationSupport?EnsSubmit=dental_plans&ctoken=qW9nnO90#



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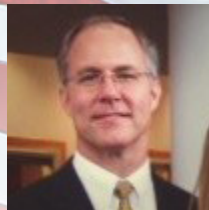
What: Retiree Appreciation Day Reception

When: 5:30 PM, September 28, 2018

Where: Underwood Golf Course

Guest Speaker: Mr. Mark Overberg, Army G-1 Retirement Services Officer

Cost: TBD



Con'td from page 11

If you prefer to donate to a recognized charity, but have a particular cause that you'd like to see your money go to such as helping save elephants from poachers, go ahead and send the donation to an animal advocacy group, but specify that the donation must be restricted for that purpose.

HELPING VETERANS

Are you still wondering which cause should be the focus of your charitable giving? Consider that in the years since Sept. 11, 2001, the U.S. Census Bureau shows 6 million Americans have served in the military, more than 2.5 million veterans have deployed to Afghanistan and Iraq, and more than 2 million still are serving in either the active or reserve forces. According to the Government Accountability Office, 1 million servicemembers will transition to the civilian sector in the next five years.

The [Philanthropy Roundtable](#) has identified private and public charities whose efforts are making significant improvements in the lives of veterans and their families. These efforts often complement or provide assistance in health care, education, employment, and quality-of-life issues for which government support is limited or unavailable. These charitable efforts help veterans make successful and rapid transitions after military service while avoiding common problems. For example:

- Younger post-9/11 veterans are experiencing significantly higher unemployment rates than nonveterans of the same age.

- Getting into a higher education program is only half the issue; once there, veterans must figure out how to graduate. Veterans and military family members sometimes need mentoring and counseling to adapt to the new climate.

- Pro bono legal and financial advice can put veterans on the right path and prevent potential problems down the road.

- Many veterans need assistance navigating the red tape involved with obtaining physical and mental health care or direct care services that offer greater privacy and access. There's also a need to support caregivers of wounded warriors.

- Family members need support extended to them in the areas of education, employment, or quality-of-life improvements to alleviate the burdens of multiple separations, deployments, and moves.

- Injured veterans need housing and adaptive improvements while recovering. Temporary housing for families near hospitals is beneficial when veterans need specialized care.

Many veterans need our support, and the desire to help them and their families in need reflects a fitting gratitude for their service to country.

By Cmdr. William Finch, USN (Ret), CFP®, MOAA website.

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