



THE BORDER BULLETIN

DECEMBER 2017

★ EL PASO CHAPTER
★ OF MILITARY OFFICERS
★ ASSOCIATION OF AMERICA

★ A Nationally Ranked Five-Star Chapter
★ A MOAA affiliate from January 23, 1956
★ El Paso Chapter of Military Officers
★ Association of America

Our 61st Year

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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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EL PASO CHAPTER NATIONAL AWARDS

Levels of Excellence

Runner-up

Five-Star Chapter

Communications Award Print Newsletter

Five Star

Winner

Runner-up

Communications Award Print Legislative Coverage

Winner

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Five-Star

Winner

Runner-up

Special Communications Award

2000 and 2001

2001 thru 2017

2015 and 2016

2004, 2012, 2013 and 2014

2008 thru 2011

2008, 2009, 2011 and 2012

2015 and 2016

2010 thru 2013

2009 and 2014

2007



PRESIDENT'S MESSAGE

COL Forrest Smith, USA, Retired

Happy Holidays! As we enter another holiday season, I want to take the opportunity to highlight a couple of more reasons for supporting MOAA, and encouraging others to join your El Paso MOAA Chapter. You will notice in this issue that Brigadier General Jack Kotter has assumed the Chairmanship of the MOAA Community Outreach program. BG Kotter is transforming this grassroots 501c3 initiative. The Community Outreach initiative seeks tax-exempt donation to be used to support active military and retiree collaborative activities within our El Paso community. Your local chapter continues to advocate on behalf of future, currently serving, and retired military service members, or all grades and all services. We welcome your suggestions for opportunities to contribute, or for your tax-exempt donations. Please see BG Kotter's article for more information on this initiative. Also, recently MOAA combined with AUSA in a GoFundMe initiative that resulted in MOAA providing \$500 to victims of the Houston hurricane and flooding. Help us support the military-community ties and to continue to help others in need.

ROTC/JROTC Support. The Board of Directors (BOD) recently approved a plan to provide \$50 to JROTC programs in which the JROTC programs' leaders are members of MOAA. We have also made special accommodations for ROTC programs that do not have officers leading their JROTC program. The BOD is also considering awarding \$500 to one local JROTC student who has been accepted into a university ROTC scholarship program. We continue to provide MOAA ROTC Awards to UTEP ROTC students during the end year awards ROTC awards ceremonies, and we continue to extend the offer to provide epaulettes to ROTC graduates for their first set of service blues, as long as they are members of MOAA. We encourage this as a part of MOAA National's special program for free MOAA membership for commissioning ROTC students.

MOAA and Social Media. At the national level MOAA is transforming it's website and adopting a new format for MOAA's Officer magazine. And, as I mentioned in our last Border Bulletin, MOAA has a Facebook page and a Twitter account. You can follow MOAA on twitter at "@MilitaryOfficer", "@MOAA_MilLife", and "@MOAAPrez". You can also follow MOAA on YouTube by subscribing to the MOAA channel on YouTube. Finally, MOAA has a career networking group on LinkedIn. But before you jump straight to the MOAA National site, I still want to encourage to take a look at our newly remodeled El Paso Chapter website at www.elpasomoaa.org. It's worth the visit.

What are you doing? So what else can you do as a member of the El Paso active duty and retiree military community?

A. Get Informed. Understand MOAA's Top Ten Goals for the year, and track MOAA's progress in fighting for your compensation and benefits.

B. Get involved.

(1) Communicate directly with your political representatives. You can send elected officials your own message of support utilizing MOAA National's website, Legislative Action Center. You can also choose a MOAA-suggested message telling your elected leaders to stop defense bill personnel and compensation cuts. Your message will be pushed automatically to your House and Senate leaders. Communicate directly to your elected officials and be heard. It's easy.

Go to www.moaa.org, and use their simple tools. Its easy...and effective.

(2) Become a MOAA Member and speak with one voice. MOAA's goal is to exceed 400,000 members in 2017. Your membership entitles you to access to, and use of valuable planning tools, and continuous lobbying efforts to preserve your earned military benefits. Join now by visiting www.elpasomoaa.org.

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

"Never Stop Serving".

Forrest Smith COL, USA, Retired
President

El Paso Chapter Outreach Foundation

NAME

The name of this organization shall be El Paso Chapter Outreach Foundation of the Military Officers Association of America, herein after referred to as the MOAA Outreach Foundation. Short Title: elpasomoaaoutreach.org.

The El Paso Chapter Outreach Foundation is registered with the IRS as a 501(c)(3) non-profit organization. All donations are 100% tax deductible.

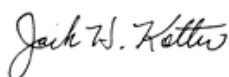
FOUNDATION UPDATE

We have served our Great Nation in many ways during wars and peace time. Now it is time to serve our fellow veterans who have suffered a major catastrophe in Hurricane Harvey. You have been very generous to donate. We were able to send \$500 to the Houston Chapter for distribution to their membership that is affected. We have an additional amount of about \$200 to send when we get an accounting of the utilization of our initial gift. We also have supported the Homeless Veteran's Stand-Down with a small gift. We have initiated a collection of canned goods for the Junior Enlisted Family Center, YMCA Food Pantry and monetary donations at our December meeting.

We solicit your input on how our Foundation can provide philanthropic support to other fellow veterans or organizations that are in need of our support. The Foundation can and should provide assistance where it is most needed.

Your financial gifts are always welcome so that our Foundation can reach out to those who need support in their time of need. We are in the business of finding and supplying to those who are less fortunate. You can be proud of the successful activities of our Foundation.

Service by Serving Others




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Donations

Donations may be sent to:
El Paso Chapter Outreach Foundation, Attn.: Treasurer, PO Box 6144,
Fort Bliss, TX 79906-0144



DFAS Changes Mailing Address In March,

the Defense Finance and Accounting Service announced it was changing mailing addresses for retirees and annuitants. Retired Pay correspondence should be addressed to DFAS, U.S. Military Retired Pay, 8899 E 56th St., Indianapolis, IN, 46249-1200. Annuitant correspondence should be addressed to DFAS, U.S. Military Annuitant Pay at the same address.

What to watch:

The change from the previous address in London, Ky., took final effect May 1. Mail sent to the wrong address will be forwarded, but it could be delayed by three to five days.

The DFAS website provides information and links to additional paperwork that might need to be submitted.

October Guest Speaker



Ms. Brooke Goldberg, Guest Speaker, and Colonel Lennie Enzel, Event Host, having a laugh at the Retiree Appreciation Day Reception and October Member Meeting.

New Members

MAJ Robert Bush

Renewals

COL Gary Mundy	LTC James Lee
Mrs. Diane Judy	LTC Bruce Gramlich
CPT Alfred Reeves	MG James Maloney
LTC Jack Hamilton	LTC Donald Hughes
Mrs. Sylvia McGriff	COL George Ellis
Mrs. Mary Henry	Mrs. Laura Charity
COL Miller Rhodes	Mrs. Reva Reel
Mrs. Louis Cross	Mrs. Chiquita Brogdon
COL Blake Wayman	COL Paul Parks
LTC Wesley Linder	Mrs. Isidra Guy
Mrs. Eva Haggard	COL William Simanikas
Mrs. Mary Wilke	Mrs. Ursula Landrie
MAJ Rodney Gilbert	Mrs. Janet Rasmussen
Mrs. Elizabeth Brinkley	

Lunch Menu December

Organic greens with barbeque chicken,
toasted corn black beans red onions
jicama cilantro jack cheese tomato and
scallions garnished with tortillas strips and
creamy herb dressing

Beef tenderloin stuffed with wild mushrooms
and wrapped in shaved prosciutto
Shrimp with sun dried tomatoes fresh basil
and pecorino romano

Smoked fingerling potatoes with whole
grain mustard
Char grilled asparagus

Crepes filled with hazelnut chocolate
cream and fresh berries

Meeting Program

Saturday, 2 December 2017
MonteVista at Coronado

Sequence of Events

11:00 — 11:45	Social Hour
11:45 — 1200	Opening Ceremony
12:00 — 12:45	Meal Service
12:45 — 13:30	Gift Exchange
13:30 — 13:45	Door Prize Drawing
13:45 — 13:55	Closing Ceremony

**Please submit your Dinner
Reservations no later than
Monday, 27 November 2017**

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**

Report a Retiree Death

Monday - Friday:

0730 - 1700

915-568-5207

After Hours (Installation)

915-569-6950/6951

2017 EL PASO CHAPTER MOAA EVENTS SCHEDULE

December 2, 2017	December Membership Meeting and Luncheon
December 9, 2017	Army-Navy Football Game
December 16, 2017	Wreaths Across America
December 29, 2017	Sun Bowl Football Game
February 10, 2018	February Membership Meeting and Luncheon
TBD March 2018	MOAA Day at the Races
March 25, 2018	Bataan Memorial Death March
April 14, 2018	April Membership Meeting and Luncheon



FORT BLISS VISITOR POLICY

As part of Fort Bliss' continued efforts to improve installation access, five Visitor Control Centers (VCCs) will begin operating on the 9th of August.

All visitors to Fort Bliss will need to obtain a Visitors Pass at one of the following VCCs before entering the installation: Buffalo Soldier, Chaffee, Old Ironsides (Global Reach), Sheridan, or Biggs Airfield Main (Sergeant Major Blvd). Visitor passes are good for a maximum of 30 days.

Fort Bliss Visitor Control Centers

The Buffalo Soldier VCC will operate from 5 a.m.-9 p.m. every day of the week, including holidays.

The Master Sgt. Peña VCC will be closed to the public indefinitely for visitor passes, but will be open for un-cleared contractor processing only.

The Sheridan VCC will be closed to the public indefinitely for visitor passes and will process foreign visitors and special access only.

However, the Peña and Sheridan VCCs will be the primary automated installation entry registration points, operating between 7:30 a.m.-4:30 p.m. for AIE registration (Mondays-Fridays only). The specific start date for AIE registration will be published in the near future.

The following hours still apply for Fort Bliss VCCs: the Chaffee VCC will operate 24 hours a day, 7 days a week (including holidays), and the Old Ironsides VCC will operate from 5 a.m.-9 p.m. every day of the week, including holidays.

Visitors to William Beaumont Army Medical Center are required to use the Fred Wilson Access Control Point and visitors to the McGregor Range Complex are required to use the McGregor Front Access Control Point. Hours of operation: 24 hours, 7 days a week, for both of these ACPs.

As a reminder, all drivers requiring entry to the installation must possess a valid state issued driver's license, vehicle registration document, and proof of insurance for a pass to be issued. All vehicles are subject to random security inspections.

All DOD ID card holders (military, dependent, retiree, and DOD/DA civilians) are authorized to escort those that do not possess a DOD ID card. Individuals being escorted must possess a valid form of government issued ID card (state driver's license or ID card) and present it when entering at the Access Control Point. If an individual does not possess a valid form of government issued ID, they cannot be escorted and must obtain a pass at a VCC.

DOD ID card holders escorting visitors assume responsibility for the escorted visitors. The authorized escort must remain with their guests at all times while they are on the installation.

Retiree and Annuitant Pay Dates for 2017

Entitlement Month	Retiree Payment Dates	Annuitant Payment Dates
January 2017	Wednesday, Feb. 1, 2017	Wednesday, Feb. 1, 2017
February 2017	Wednesday, Mar. 1, 2017	Wednesday, Mar. 1, 2017
March 2017	Friday, Mar. 31, 2017	Monday, Apr. 3, 2017
April 2017	Monday, May. 1, 2017	Monday, May 1, 2017
May 2017	Thursday, June 1, 2017	Thursday, June 1, 2017
June 2017	Friday, June 30, 2017	Monday, July 3, 2017
July 2017	Tuesday, Aug. 1, 2017	Tuesday, Aug. 1, 2017
August 2017	Friday, Sept. 1, 2017	Friday, Sept. 1, 2017
September 2017	Friday, Sept. 29, 2017	Monday, Oct. 2, 2017
October 2017	Wednesday, Nov. 1, 2017	Wednesday, Nov. 1, 2017
November 2017	Friday, Dec. 1, 2017	Friday, Dec. 1, 2017
December 2017	Friday, Dec. 29, 2017	Tuesday, Jan. 2, 2018

WBAMC Pharmacy Services

Main Hospital Pharmacy

Monday through Wednesday and Friday	7:30 AM – 6:00 PM	915-742-2793
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

Monday – Friday	8:30 AM – 6:00 PM	915-742-9017
Saturday & Training Holidays	9:00 AM – 5:00 PM	
Closed Sundays and Federal Holidays		

Soldier and Family Medical Clinic (SFMC) Pharmacy

Monday – Friday	7:30 AM – 6:30 PM	915-742-1802
Closed Saturdays, Sundays, and Federal Holidays		

Soldier Family Care Clinic (SFCC) Pharmacy

Monday – Friday	7:30 AM – 6:30 PM	915-742-1400
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 MyHealthVet 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.

Thank you in advance for using these new steps which should improve the speed and efficiency of getting your prescriptions from the El Paso VAHCS Pharmacy.

Extended Hours

Monday and Friday: 8:00 am to 4:45 pm. Pharmacy intake window will be closed at 4:30 pm.

Tuesdays: 9:00 am to 5:45 pm. Pharmacy intake will be closed at 5:30 pm.

Wednesdays and Thursdays: 7:00 am to 5:45 pm. Pharmacy intake will be closed at 5:30 pm.

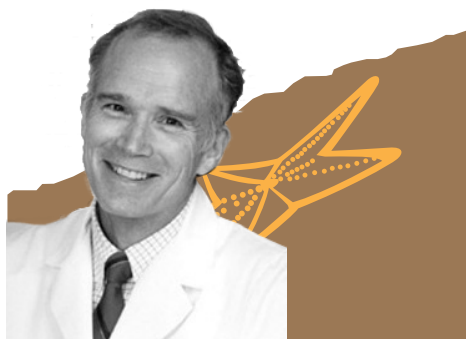
Saturday: 8:30 am to 10:30 am for patients with primary care appointment only.

Location

El Paso VAHCS
2nd Floor, West Hallway

Contact Numbers

915-564-7942
800-672-3782



DOC'S CORNER

Dr. William Davitt

How things change! Not along ago, when it felt like an eyelash got loose in our eye, or we had to blink a few times to get clear vision, we told our doctor 'my eyes feel a little dry.' Treatment was a bottle of OTC artificial tears. Now we see TV commercials for prescription eye drops for Dry Eye Disease. What's this all about?

First, a disclaimer. I actually worked for the Restasis folks by directing a clinical study. Because of our desert climate, and a very cooperative population, the El Paso test group was the largest across America evaluating Restasis. And because test subject data was submitted electronically, and that data was favorable, the FDA quickly issued its APPROVED verdict.

DRY EYE DISEASE

So I have a bias.

That disclosed, I truly think Restasis or it's colleague Xiidra, have a role in preserving the eye's surface.

Let's dig deeper. Dry eye disease is very common. Symptoms range from a sandy, gritty sensation at times, with perhaps light sensitivity, glare, variable vision, with some redness sometimes thrown in to development of an actual hole in the clear window of the eye. Thankfully this last event is rare, and typically tied to rheumatoid arthritis. Living in the desert, water and allergy pills, and lots of reading and computer work can bring symptoms to the surface. Typically this gets worse over time if left unchecked.

The list of causes would take a whole page, but the net effect is the outer coating of the eye gets 'sick.' We first think of 'sick' as infection because we all know what pus looks like. But this 'sick' is called inflammation. That's the body's response to something it doesn't like. Elements are redness, swelling pain or discomfort, and the involved area can get warm.

As mentioned, treatment for the longest time was lubrication. Made sense: if sometime is dry, wet it. But of late, we now know inflammation is at the root. And if we ignore that, the problem will continue. So the focus now is use of either of the two anti-inflammatory eye drops: Restasis or Xiidra [the Jennifer Aniston Love Your Eyes drop]. Restasis and Xiidra [ZEYE-drah] work in a different ways to block inflammation. Like Coke and Pepsi, some swear by one and swear at the other. So what to do?

Your timing is right, because once that furnace cranks up, the forced air heat makes for drier eyes. Have a discussion with your eye provider about your symptoms. Most eye doctors are well versed in dry eye disease. If you still have symptoms and concerns, seek out someone who's done some of the clinical trials. Again, winter is a time when your symptoms might blossom.

Dr. Bill Davitt, Eye MD

former principal investigator for all the major dry eye products

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.

SOCIAL SECURITY TAXES

UPDATE 02 ►

WHEN YOU OWE ON BENEFITS

When a person has reached full retirement age and continues to work as an employee or if they're self-employed, they continue to pay FICA -- which is Social Security and Medicare tax -- on their earnings, says Sue Klimcsak, a certified public accountant and senior tax manager with Wilkin & Guttenplan in East Brunswick. She said the FICA tax is a tax under the Federal Insurance Contribution Act. It's a withholding tax if you are an employee, or there would be self-employment tax if you are self-employed.

If you reached full retirement age and are collecting Social Security, a portion of your Social Security benefit could be subject to income tax. This income is taxed on Form 1040. "The amount of Social Security benefits to be included in income and subject to income tax is based on your combined income," Klimcsak said. "Your combined income is your adjusted gross income plus non-taxable interest plus half of your Social Security benefits." If your combined income is less than the thresholds listed below, the Social Security benefits are not taxed.

HERE'S ARE THE THRESHOLDS:

- If you file a federal tax return as an "individual" and your combined income is between \$25,000 and \$34,000, you may have to pay income tax on up to 50 percent of your benefits.
- If you file a federal tax return as an "individual" and your combined income is more than \$34,000, up to 85 percent of your benefits may be taxable.
- If you file a joint return, and you and your spouse have a combined income that is between \$32,000 and \$44,000, you may have to pay income tax on up to 50 percent of your benefits
- If you file a federal tax return as an "individual" and your combined income is more than \$44,000, up to 85 percent of your benefits may be taxable.

[Source: Senior Americans Assn | Greg Allen | October 30, 2017 ++]

MEDICARE LATE ENROLLMENT PENALTY UPDATE 04

► DID YOU KNOW?

Chances are good that you've never heard of Medicare late-enrollment penalties, even if you're eligible or soon will be for the federal health care insurance program for seniors age 65 and older. But failing to sign up for Medicare when you first become eligible can cost you. One possible penalty is tied to waiting too long to sign up for Medicare Part B, which provides medical insurance coverage. This fee is tacked on to your monthly premiums. So, if you incur the penalty, you will generally end up paying it for as long as you have Medicare.

Legislation proposed in Congress this year could prevent Medicare-eligible Americans from being surprised by Medicare penalties. Retirement columnist Mark Miller recently reported in Reuters that the bill would require the government to send letters to people the year before they turn 65, notifying them of when they will first become eligible to sign up for Medicare. The bill primarily addresses the late-enrollment penalty for Part B. This fee can increase your Part B premium by up to 10 percent for every full 12-month period that you delayed signing up.

Until it becomes law that the government must give folks a heads-up about such fees, however, you're on your own. That means you must learn about and watch out for Medicare's multiple late-enrollment penalties. Perhaps start by figuring out when you first became or will become eligible to sign up for Medicare using Medicare.gov's eligibility calculator. You can also learn more about how to get personalized help with Medicare by clicking on

"Medicare Assistance" in Money Talks News' Solutions Center.

HOW TO AVOID A PART B FEE

Some folks are automatically enrolled in Medicare Part B, generally depending on when they claim Social Security benefits. People who are automatically enrolled in Part B do not need to sign up for Part B or worry about incurring late-enrollment penalties. According to Medicare.gov, people who receive benefits from Social Security or the Railroad Retirement Board at least four months before they turn 65 will usually be automatically enrolled in Part B in the month they turn 65. If that situation does not apply to you, make sure you sign up for Part B when you are first eligible for it so you avoid the penalty.

OTHER TYPES OF MEDICARE PENALTIES

There is a late enrollment penalty for Medicare Part D, which provides prescription drug coverage. To learn how to avoid it go to <https://www.medicare.gov/part-d/costs/penalty/part-d-late-enrollment-penalty.html>. There is also a late enrollment penalty for Medicare Part A, which provides hospitalization insurance coverage. But this penalty only applies to folks who must pay a premium for Part A, which is a minority of folks. According to Medicare.gov, most people get premium-free Part A. To learn more about the Part A fee, check out the "Part A late enrollment penalty" page <https://www.medicare.gov/your-medicare-costs/part-a-costs/penalty/part-a-late-enrollment-penalty.html>.

[Source: MoneyTalksNews | Karla Bowsher | October 27, 2017 ++]





AUXILIARY LIAISON

Mrs. Connie Sullivan

As spouses that have lost our loved ones, we all have different stories of the manner in which they passed this life. However, the emotional pain seems to be similar. One day, I saw a friend of mine at the hospital while my husband was still with me. She had just lost her husband. I asked her how she was doing and she said, "Connie, being a widow is like being in a different world". I didn't understand exactly what she meant until my husband was no longer with me. Yes, it is a different phase of life, but it all depends on how, with God's help, we handle the situation. Recently, I had lunch with another friend of mine that I respect very much and admire her strength. She is a widow and keeps herself extremely busy. Her attitude of life and optimism are amazing. She told me her story of the death of her husband and yes, I have permission to share it. She said that when her husband was seriously ill, that she was diagnosed with breast cancer. Her chemo therapy treatments were from August to December. When the results of the treatments came back, she told her husband. The results made him very happy because the treatments were successful. Her husband had been waiting for those results and the next day, after she had given him the news, he passed away. As difficult as our situations may be, whether we have been a widow or widower for a short or long time, it is important to keep on going in this life with a positive look toward the future. Christmas is the perfect time for us to be joyful and grateful for all the blessings that we have and for the love that God gives us. It is also the perfect time to appreciate the opportunity that we have to endure until it is time for us to join our loved ones that we cherished so much.

TRICARE FOR LIFE COSTS

MEDICARE PART B PREMIUMS: When you use TRICARE For Life, you don't pay any enrollment fees, but you must pay [Medicare Part B monthly premiums](#).

Your Part B premium is based on your income. For more information:

- Visit www.medicare.gov
- Call Social Security at 1-800-772-1213 (TTY: 1-800-325-0778)

COSTS FOR COVERED SERVICES TRICARE pays after Medicare.

- In most cases, you'll pay nothing for covered services.
- If the care isn't covered by Medicare or TRICARE, then you'll pay the entire amount.
- For more specific details, download the [TRICARE For Life Cost Matrix](#).

Here's how it works:

If the service is covered by:	Then, you pay:
Both Medicare and TRICARE	Nothing. <ul style="list-style-type: none">• Medicare pays first• TRICARE For Life pays second• TRICARE even pays your Medicare deductible.
TRICARE, but not Medicare	The TRICARE fiscal year deductible and cost shares. <ul style="list-style-type: none">• TRICARE For Life pays first• Medicare pays nothing
Medicare, but not TRICARE	The Medicare deductible and coinsurance . <ul style="list-style-type: none">• Medicare pays first• TRICARE For Life pays nothing

Note: If you get care overseas (excluding U.S. Territories), you'll have the same costs as [TRICARE Standard Overseas](#). Get a copy of the 2017 TRICARE for Life Handbook at http://www.elpasomooa.org/Files/Tricare_For_Life_Handbook.pdf

1960 CHILEAN DISASTER RELIEF

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

In late May 1960, after a series of earthquakes followed by tsunamis, the Chilean government asked the American leadership for assistance including hospital, and medical aid. On May 25, the 15th Field Hospital, with thirty nurses, from Fort Bragg, North Carolina, and the 7th Field Hospital, with thirty nurses, from Fort Belvoir, Virginia, were airlifted to Chile to aid the victims. After stops in Panama and Peru, on 27 May, the transport planes began to land in Santiago, and by the 30th all had arrived.

Chilean officials requested that the two hospitals supply medical support for Puerto Montt and Valdivia, where the local hospitals had been destroyed. The 15th was established in Puerto Montt and the 7th in Valdivia. The hospitals were open for business less than 72 hours after they landed and had totally different missions.

Upon arrival, the 15th Field Hospital leadership discovered the report of major healthcare problems had been exaggerated. As a result, the mission of the Army nursing staff of changed. They consulted with local Chilean nurses, who asked for training on various pieces of equipment donated for their new facility that they hoped to build soon. The Americans nurses enjoyed the challenge of teaching through interpreters.

The Chilean relief workers, nurses, and enlisted staff established a tent city and field kitchen for those Chileans who lost their homes. Additionally, they created a clinic and treated Chileans with mostly infections, and minor injuries. All patients were given tetanus shots to ward off pathogens that could enter the body through cuts or puncture wounds.

In Valdivia, the staff erected tents because of fears of a possible epidemic. When, thankfully this did not happen, the hospital welcomed displaced persons to use part of the tented hospital for shelter. Most nursing and enlisted staff organized and assisted with a massive vaccination program that was created because the city had no clean water or sewage system.

On the hospital wards, nurses generally worked with interpreters to aid the communication with their patients. They recognized how overwhelmed some patients were after losing all their personal belonging. Often kind words, and shoulders to cry on were important therapeutic tools.

By the end of June the work of the nurses had ended. "Nurses [were] stopped in the street by Chileans expressing thanks." They were happy to represent the country and their nursing profession on this important humanitarian mission.



U.S. Army nurse assists refugees of Chile's earthquake disaster area. Ambulance serves as a clinic.



The 15th Field Hospital, Puerto Montt, Chile, during Chile disaster relief operations.



PERSONAL AFFAIRS

Jose Luis Hernandez

No matter how much you hate getting bogged down in complex paperwork, paying legal fees, and considering your mortality, estate planning is necessary. If you don't plan properly, your family might be left in a desperate financial situation, and your inheritance might not be distributed as you intend.

When planning your legacy, consider whether establishing a trust is in your - and your heirs' - best interests. A trust is a fiduciary arrangement where assets are held by one party (the trustee) for the benefit of another (the beneficiary). According to WealthCounsel's 2016 Estate Planning Awareness Survey, which had 2,036 respondents, 17 percent of Americans have one in place.

If well-constructed by a competent attorney, a trust can avoid a costly, lengthy, and public probate; minimize taxes owed by your estate; and potentially protect your assets from creditors. A trust also allows for your specific wishes to be honored before or after your death. For instance, you could arrange for your son to receive \$2,000 for every month he's in college and \$300,000 when you die.

THE DEVIL'S IN THE DETAILS

Maj. Gen. Joseph G. Lynch, USAF (Ret), a retired judge advocate and MOAA's general counsel and corporate secretary, agrees establishing a trust can be a smart move, but warns about common pitfalls associated with them.

"There's often a huge misunderstanding about how trusts work and exactly what trusts do," says Lynch.

There are several types of trusts,

PROTECT YOUR ESTATE

each with its own benefits and drawbacks, and it's important to understand the distinctions. For example, living trusts - trusts created during a person's (or grantor's) lifetime - can be set up either as revocable or irrevocable. A revocable trust allows the grantor to change the terms of the trust and even dissolve it.

Because the grantor retains control of the trust, it's essentially like any other asset they own, and therefore might be subject to creditors (including Medicaid) and estate taxes.

"People believe all trusts guarantee avoiding estate taxes, and that's not true," says Lynch.

With irrevocable trusts, you give up all control over the assets in the trust even while you're alive; you won't be able to remove the assets or change the terms of the trust. You must be absolutely certain you won't need access to those funds or want to change distribution terms, if, say, your youngest child wins the lottery. Irrevocable trusts often are used to limit estate taxes and reduce tax liability generated from the trust's assets.

FEEDING THE TRUST

People often go through the time and expense of setting up a trust but neglect to transfer any assets into it, rendering

it a useless piece of paper. Lynch encourages putting big-ticket items into the trust, like houses and investment accounts. This requires changing the names on deeds, bank accounts, car titles, etcetera.

Lynch warns "refinancing or getting a home equity loan may be difficult while the home is in a trust, but as long as the trust is revocable, you can pop the home back out, refinance it, and convey it back into the trust when you are done."

A trust must have a trustee, an individual or corporation legally responsible for managing it in the best interests of its beneficiaries. A grantor can be the trustee, but too often, says Lynch, the grantor fails to name a successor who will take over if the original trustee dies or becomes incapacitated. Successor trustees often are family members, but a common mistake is delegating control to someone who has good intentions but lacks the expertise to manage complex investments or business holdings. Banks, attorneys, and financial advisors often manage trusts, but they do charge a recurring fee.

Above all, the trustee should be competent and someone who you believe will adhere to the terms of the trust.

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SEPTEMBER 29, 2017



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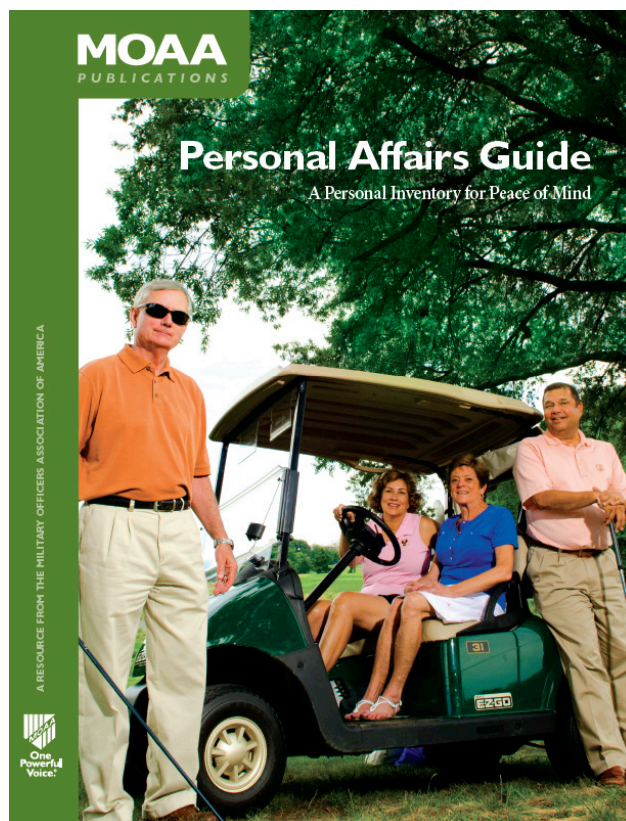
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HOW TO BACK UP YOUR COMPUTER DATA

The often repeated yet still sometimes ignored advice to prevent loss of important computer data and files is to back up. There now is one more reason for you to have no excuse to lose data, thanks to Google recently upgrading its backup tools.

Google's Backup and Sync app automates the process of backing up your files to the cloud. By copying files over the internet, even if you experience a disaster at your location such as a fire or flood that destroys all of your hardware, your data will survive.

Available for both Windows PCs and Macs, Google Backup and Sync replaces the old Google Drive and Google Photos uploaders. All you have to do is download the app, create a free Google account if you don't already have one or sign into your existing account, and designate which folders you want automatically backed up.

Google's service works similarly to services such as Microsoft OneDrive, Apple's iCloud Drive, and Dropbox except you have 15 gigabytes of space to use for free, more than most others, before you have to pay for a subscription. Subscriptions start at \$1.99 a month for 100 gigabytes of storage. Any email you store from Gmail or files from Google Docs, Google Sheets, or Google Slides count against this limit as well.

You still can manually copy files through your web browser to Google Drive or Google Photos without downloading and using the app, with the same limit of 15 gigabytes of free storage applying. If you choose the option that lets Google Photos compress your pictures to save storage space, they won't count against your storage limit. Along with your PC, you can back up data from a smartphone, camera, or other device.

In addition to cloud backup services, other backup methods still are viable options today. It makes sense to use more than one method and more than

one service of any given method in case of glitches. Carefulness and redundancy are the twin pillars of disaster prevention and recovery.

Other methods include using a backup program stored on your computer to automatically back up financial records, family photos, and other files that can't be replaced onto an external hard drive, USB drive, writable DVD disc, or backup tape. Recommended programs include Time Machine, which comes bundled for free with Macs; Backupper Standard for Windows PCs; and Acronis True Image for Windows power users. Among other things, you can preselect files or folders you want backed up and at what times.

Even without using such a program, you manually can copy such files to one of these backup media using Windows Explorer.

These days, there's typically no reason to do a full system backup to an external drive, network drive, or other backup media to avoid having to manually reinstall your operating system and your programs in the event of problems.

You probably already have a backup of Windows on your hard disk. Using Windows' Recovery tool provides you

with a factory-fresh reset in the event your copy of Windows is corrupted. Easier than that, you can use Windows' System Restore to see if rolling back to an earlier update of Window will get things working again quickly. The fastest option of all, if you're experiencing problems with your computer, is to turn it off then turn it back on again, which more times than not is all that's needed.

But hardware does sometimes fail. You should prepare now for the chance of your hard drive crashing if there's a possibility you won't be buying a new computer afterward that comes with Windows. Among other things, you can run Microsoft's media-creation tool.

This places a copy of your version of Windows (Windows 7, Windows 8.1, or Windows 10) onto a flash drive provided the flash drive has 5 gigabytes of free space and provided you have your Windows 25-character product key.

Buying a new copy of Windows is another possibility. Among the places you can get it is Dell Home, which currently is selling Windows 10 Pro on a USB drive for \$199.99.

If you're using web-based programs such as Google Mail and Google Docs, there's nothing to reinstall. With a new computer or new hard drive, you just sign back in. Other programs usually can be re-downloaded and reinstalled, provided you have their product keys.

By Reid Goldsborough, MOAA Website



PROTECT YOUR ESTATE

Con'td from page 10

To avoid misunderstandings or squandered funds, make your wishes as detailed as possible and specify compensation for the trustee. Naming co-trustees also might prevent abuse.

Speaking of exploitation, watch out for unscrupulous folks who will take advantage of ignorance regarding how trusts work.

"There are plenty of schemes and shady practices in the trust area," cautions Lynch.

For example, dishonest promoters will claim trusts set up in foreign countries like the Bahamas or Panama will legally excuse you from paying any taxes on them, but this most likely points to an illegal tax-evasion scheme. Ask family and friends for recommendations for a capable, honorable attorney.

Also be aware that a trust can be expensive to set up and maintain, and there are other ways to reap some of

its benefits. To avoid extensive probate without a trust, assets like homes and bank accounts can be owned jointly with right of survivorship or include transfer-upon-death stipulations. Avoid putting life insurance and retirement accounts in probate by specifically naming beneficiaries.

If the primary goal is to avoid taxes, a trust might be overkill; current federal law allows an individual to leave \$5.49 million to heirs (\$10.98 million for a married couple) without paying federal estate or gift tax.

Although most states share the federal exemption, many have lower thresholds, so be sure to verify your state's current limits. (Refer to MOAA's state tax guide at www.moaa.org/statereport for more information.) In addition, probate and other laws relating to trusts are administered at the state level and vary with respect to cost, residency, and other requirements. There

are potential state tax implications for the trust beneficiaries as well.

Also remember, having a trust doesn't mean you shouldn't have a will.

"Invariably, you won't have everything in a trust," says Lynch, who advises keeping funds for daily expenses out of the trust. It's easy to miss some assets - for example, an old checking account that might be found during probate. These missed assets can be addressed generically with a provision in your will.

Trusts are a valuable estate-planning option, but they aren't foolproof and might even be an unnecessary, expensive complication. Turn to a reliable attorney and tax expert to decide whether trusting in a trust is right for you.

By Vera Watson, MOAA Website

I Pray for Our Children as My Spouse Deploys

God, watch over our children while my spouse deploys. I ask that You protect our children from any evil spirit that tries to deceive them into thinking that they are to blame for their father's/mother's deployment or that his/her deployment means that he/she does not love them. I pray that our children do not resent their father/mother because of his/her chosen profession. Help them to understand that he/she chose to serve our nation because he/she believes in serving something greater than himself/herself. Please do not let our children become overwhelmed with feelings of fear, sadness, or anger because of his/her departure. As my spouse prepares for deployment instill in him/her a sense of urgency to provide my children the love, attention, and reassurance they need to handle the separation.

In the name of Jesus, I bind all negative effects that this deployment could have on our children. I believe by faith that our children will not revert to bedwetting but experience continued success with potty training. They will not experience nightmares but have Your blessed sleep. They will not develop eating disorders but maintain normal appetites. They will not seek out and engage in conflict or participate in delinquent behavior; rather they will remain friendly to other people and continue to follow the spiritual, moral, and ethical standards that we set for them. They will not attempt to avoid school but continue to enjoy learning and remain focused when doing schoolwork. They will not experience physical health problems due to the physiological stress caused by their father's/mother's deployment; instead they are of sound mind and body.

Show my spouse and me the best ways to help our children cope with the deployment, even if that means sending them to professionals. Help my children to know that it is okay and healthy to openly and honestly express what they are feeling. Help my spouse and me not to criticize, judge, or dismiss their feelings in anyway. Rather, let us actively listen to them and empathize with their concerns.

Lord, strengthen me so that I am a calm example for our children. Give me control over my emotions so that I do not spread negativity to our kids. Help me to monitor what my family sees and hears so that we do not expose ourselves to things that will foster fear, doubt, and unbelief. Instead, let us continually feed our spirits with things that will keep our minds edified and positive. Remind me to spend quality time with the children as a family and individually. Give me Your wisdom when it comes to instilling and maintaining structure, order, and discipline in our children. Guide me when it comes to training the kids in the way that they should go so that they do not depart from it. With love and affection, let me continually reassure our children that they are the most treasured part of our family.

In Jesus' name, I pray. Amen.



CHAPLAIN CORNER

Mrs. Connie Sullivan

Dear Members,

How beautiful it is to see our people come together in the face of tragedies. Helping each other is how God made us to be. Also, it is wonderful seeing our military stepping in to give aid in conjunction with other organizations. Compassion and charity have been the strongest qualities of our nation, not only here in our country but all over the world. The United States is mainly the first one to respond, to serve, and to give help to those in need in other countries. Yes, we have our differences and problems, but the fact remains that the basic belief of goodness is in us. Even with the great challenges we are experiencing, given the devastation of nature storms and tragedies inflicted by our own fellow Americans which have caused so much pain and sorrow, we still have the empathy and desire to remember our principle of charity. For such a long time, we have had an abundance of well-being. Now is the time to exercise not only our faith, but our charitable attributes and abilities as well. Our organizations are responding as best they can and we, as well, are giving of our resources. Let us not forget that praying for those that are going through such difficult times will be of the utmost importance. May God continue to help us and may we repent of our wrongdoings so that His blessings will be upon us in our daily lives.

2017 USPS Holiday Mail-By Dates



This Holiday Season, keep in mind domestic USPS Mail-By Dates to assure delivery by December 24th.

DOMESTIC MAIL SERVICES	MAIL DATE
First - Class Mail	Dec 19
Priority Mail	Dec 20
Priority Mail Express	Dec 22

When shipping to or from a military address (APO/FPO/DPO), the USPS recommends to use the following Mail-By Dates.

MILITARY MAIL ADDRESSED TO/FROM	1st Class Mail	Priority Mail	Priority Mail Express
AE ZIPs 090-092	Dec 11	Dec 11	Dec 16
AE ZIP 093	Dec 4	Dec 4	N/A
AE ZIPs 094-098	Dec 11	Dec 11	Dec 16
AA ZIP 340	Dec 11	Dec 11	Dec 16
AP Zips 962-966			

When shipping to an international destination during the holidays, please use these Mail-By Dates.

INTERNATIONAL MAIL ADDRESSED TO	FIRST CLASS INTERNATIONAL	PRIORITY MAIL INTERNATIONAL	PRIORITY MAIL EXPRESS INTERNATIONAL
Africa	Nov 30	Nov 30	Dec 7
Asia/Pacific Rim	Dec 7	Dec 7	Dec 14
Australia/New Zealand	Dec 7	Dec 7	Dec 14
Canada	Dec 7	Dec 9	Dec 16
Caribbean	Dec 7	Dec 9	Dec 14
Central & South America	Nov 30	Nov 30	Dec 9
Mexico	Dec 7	Dec 7	Dec 14
Europe	Dec 7	Dec 9	Dec 14
Middle East	Dec 7	Dec 9	Dec 14



LEGISLATIVE

COL. Lennie Enzel

MOAA and the El Paso Chapter are independent, nonprofit, and politically nonpartisan organizations

Medicare:

Although TRICARE For Life (TFL) has not undergone any changes, new Medicare Part B rates will be coming out in the next few weeks and there is a good chance that beneficiaries who have been paying less than the \$134/month base amount could see increases in their Part B premiums. This will be related to the 2% cost of living (COLA) raise in Social Security that will come in 2018.

VA:

Both Congress and the VA Secretary have plans to offer Veterans more care in the community. Both plans need to create a seamless, integrated, and more formalized network of care that makes it easier for the Veteran to receive timely care. As always, the devil will be in the details as they attempt to reconcile the final plan.

Additionally, the VA continues its work to streamline the claims appeals process.

National Defense Authorization Act (NDAA):

The House and Senate continue in Conference to try to resolve their differences and bring a bill forward to the President for signature. Issues to be resolved include pay raises, pharmacy copayments, Tricare fees, Basic Allowance for Housing (BAH) for dual military couples, and if the SBP/DIC (Survivor Benefit Plan/Dependency and Indemnity Compensation) offset will a permanent payment at \$310 a month plus annual adjustments to keep pace with inflation.

Base Realignment and Closure (BRAC):

There seems to be increasing support for another round of base closures that the Pentagon has requested for the past 5 years.

Correction of Military Records for Mental Health Discharges:

The Pentagon issued new guidance for discharges and military records reviews for Veterans seeking redress and to assist review boards in reaching fair and consistent decisions, particularly in difficult cases considering post-traumatic stress (PTS), traumatic brain injury (TBI), and sexual assault victims. A government audit of all military services showed "62% of servicemembers separated for misconduct from fiscal years 2011 through 2015 had been diagnosed within the two years prior to separation with PTSD, TBI, or certain other conditions that could be associated with misconduct." Additionally, the audit pointed to inconsistencies in how the services applied DoD policy when addressing the impact of PTS and TBI on separations for misconduct. For more information go to <https://www.defense.gov/News/News-Releases/News-Release-View/Article/1292833/dod-releases-clarifying-guidance-to-veterans-regarding-discharges-and-military>

Repeal Sequestration:

Unless current law is changed, sequestration will return next year and automatically trigger deep cuts to the Defense Department. At this time, when the Army is the smallest it has been since WWII, more cuts that affect our active duty servicemembers and their families should not be considered.

Texas Legislative News:

The 85th Legislature convened in January, and concluded the Regular Session at the end of the May, and the Special Session in August. As this article is written, there are 7 proposed amendments to the Texas Constitution. Among them is an amendment that would lower property taxes for some disabled Veterans. I hope you will have voted.

For the second straight legislative session, a powerful lawmaker filed a bill seeking to dramatically pare back benefits from the Hazlewood program, which provides free college tuition to veterans or one of their kids. For the second straight session, that bill failed in the face of opposition from veterans and their advocates.

Veterans and Opioid Addiction

A three-time Purple Heart recipient, Vietnam veteran Donald Elverd spent two years in Army hospitals, recovering from shrapnel wounds that ravaged his body. One bullet had pierced a lung; another, his arm. Bone splinters filled his chest.

When Sergeant Elverd of the 25th Infantry Division was discharged in 1970, he walked out of the Army "with a lifetime prescription from the VA." From there, he dove headfirst into a downward spiral of drug addiction.

"If someone had said to me, 'If you take these drugs, you could become addicted,' I'd say to them, 'Give it to me [anyway]. I hurt,' " he recalls.

So Elverd intimately understands the struggles of military officers who come to the Hazelden Betty Ford Foundation in St. Paul, Minn., for opioid-addiction treatment. Now a senior psychologist at Hazelden, he has helped veterans overcome addiction and mental health issues for 24 years. He sees everyone from junior officers to generals and admirals. They want to live without pain, and they see opioids - natural or man-made chemicals that can reduce pain - as the only way to manage it, he says.

WASHINGTON TAKES NOTE

In July, lawmakers and health care professionals met in Washington, D.C., to discuss how the country's opioid epidemic affects the military community. Veterans are twice as likely to die from an accidental opioid overdose compared to the general population, according to a 2011 study of the VA health system. Active duty military personnel have a lower level of illicit drug use than civilians, but their abuse of prescription drugs is higher - and on the rise. In 2008, 11 percent of servicemembers reported misusing prescription drugs, up from 2 percent in 2002 and 4 percent in 2005. Most drugs that are abused are opioid medications.

This year across the U.S., there will be more deaths tied to drug overdoses than there are names on the Vietnam Veterans Memorial - more than 58,000 - according to Rep. Tim Murphy, a commander in the Navy Reserve who practices psychology at Walter Reed National Military Medical Center in Bethesda, Md., and spoke at the July meeting.

As veterans come home with wounds

and disabilities from far-flung conflicts, they join the ranks of the nationwide opioid epidemic. Whether from bouncing around in a Humvee, walking long patrols, or standing guard duty, many servicemembers and veterans experience chronic pain, a debilitating condition that often is difficult to treat. A 2014 study in JAMA Internal Medicine examined the prevalence of chronic pain and opioid use among 2,500 soldiers following deployment. Forty-four percent had chronic pain, and 15 percent regularly used opioids - rates much higher than the general population.

"In the veteran population, we have a lot of people with neck and back injuries," Murphy said. "Just about anyone who carried around a backpack of 100 pounds [or] 120 pounds ended up with arthritis or some other pain - and there's a big push for opioids."

Murphy said the drugs were "everywhere he landed" after he was injured in a rollover accident in Iraq in November 2005. Unlike other health vitals, pain levels aren't measured by machines. Instead, troops and veterans are told to describe their pain based on a subjective scale from one to 10.

"Here's some morphine, here's some fentanyl, here's something else," he said. "That's the way it's done."

Too many servicemembers are returning from overseas missions addicted to opioids, said Sen. Joe Manchin, who serves on the Senate Committee on Veterans' Affairs and also spoke at the July event.

"They can get a concoction of anything they want just to get through the day," he said. "There have got to be better ways of treating this."



Con'td on page 21

When some of those servicemembers return home, they hit up VA clinics to try to get access to the same medications they were able to get “free rein on for so long,” Manchin said. “If they don't get it, then they call the senator or the congressman's office raising Cain about not getting good treatment from the VA, so we put pressure on the VA,” he said. “It's just a conglomeration of things that we've got to get through.”

PLEASURE VERSUS PAIN

Prescription opioids attach to parts of the brain called pleasure centers, creating a feeling of happiness or well-being. The drug makes the sensation of pleasure stronger than pain. Some common prescription opioids include Vicodin, Percocet, OxyContin, and morphine.

“Most people, if they have to choose between pain and being numb, they go with numb,” Elverd explains. “I see them here every day. These aren't dopers, addicts, or criminals. They just hurt.”

Most people who become addicted to opioids have had surgery or a serious injury, says Dr. A.J. Marsden, a former Army sergeant and surgical nurse who now is an assistant professor of human services and psychology at Beacon College in Leesburg, Fla.

“The doctor gives them painkillers, and they slowly keep taking it, and it escalates out of control,” Marsden says.

Marsden, who was stationed as a reservist at the 325th Combat Support Hospital in St. Louis from 2002-06, witnessed veterans battling opioid addiction.

“Opioid addiction is sneaky. It's slow. It takes over your life without you realizing it,” Marsden says.

Veterans with chronic pain experience

much higher rates of comorbidities such as post-traumatic stress and traumatic brain injury, which may contribute to pain-management challenges. The addiction can hit veterans especially hard as they process traumatic experiences connected to their injuries. This trauma can exacerbate their ability to cope with physical discomfort, says anesthesiologist Dr. Peter Abaci, the medical director of Bay Area Pain and Wellness Center in Los Gatos, Calif., and author of *Conquer Your Chronic Pain: A Life-Changing Drug-Free Approach for Relief, Recovery, and Restoration* (New Page Books, 2016).

Furthermore, emotions tied to an event that led to surgery or injury can affect one's ability to manage pain, Abaci says. For example, suppose a lawyer gets into a car accident. Across town the same day, a businessman is beaten and robbed in a parking lot after work. Despite similar injuries, the businessman might have more trouble with the pain during recovery due to the trauma of being assaulted. If trauma is not well-managed, addiction may ensue.

“The opioids help ameliorate that anxiety,” Abaci says. “It takes over everything - the decision making and how they feel - and they latch onto that. It's the only thing to calm them down, and they can potentially develop addiction from there.”

Anesthesiologist Dr. Christopher Spevak notes our perceptions are linked to centers in the brain that regulate pain. He is the director of the National Capital Region Opioid Safety Program at Walter Reed.

“With a traumatic event, the pain will proceed differently than, for example, an elective surgery. We can address all the underlying issues and take those into account. It's important, because people get better faster and back to health when this is addressed,” Spevak explains.

To avoid dependence on opioids before addiction can even take hold, Abaci and Spevak recommend holistic treatment, or treating the whole person. This might mean bringing in counselors or psychologists, dieticians, physical therapists, and other professionals in addition to a surgeon.

Spevak says troops at Walter Reed have clamored for nonmedicated ways to combat pain, and he and his team have encouraged them to take up yoga, physical therapy, meditation, tai chi, and other behavior-based practices.

“During this last conflict, we've really ... advanced our understanding of pain and also the treatment of substance use disorder,” Spevak says. “We're making progress.”

HOW TO HELP

It can be especially difficult for military officers in leadership positions to admit they have an addiction problem. And for those concerned about troop readiness, spotting signs of opioid addiction among their peers or enlisted troops is challenging, too.

As a psychologist at Betty Ford, Elverd has worked with many officers seeking help for opioid addiction. He has one consistent message for them: “You understand suffering and sacrifice. We want you to use the same skills you learned for the battlefield here. You're in another war. This is also life and death.”

Family members who want to get help for a loved one should educate themselves about addiction before confronting them, Marsden says. (See “5 Ways to Support a Loved One's Recovery,” www.moaa.org/recoverysupport, for more information.)

“Don't ever offer an addict an ultimatum. Don't ever say, 'It's the drugs or me.' It tells them you don't take it seri-



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December 2017 Membership Meeting & Lunch

The MonteVista at Coronado

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Please join us for the December Membership Meeting and Luncheon. Please note that this meeting is one week earlier than normal. For entertainment, we will have a gift exchange. For those who wish to participate, please bring a wrapped gift valued at \$20.00 or less. This will be a fun event.

Date: Saturday, 2 December 2017

Time: 11:00 AM – 2:00 PM

Menu

Organic greens with barbeque chicken, toasted corn black beans red onions jicama cilantro jack cheese tomato and scallions garnished with tortillas strips and creamy herb dressing

Beef tenderloin stuffed with wild mushrooms and wrapped in shaved prosciutto
Shrimp with sun dried tomatoes fresh basil and pecorino romano

Smoked fingerling potatoes with whole grain mustard
Char grilled asparagus

Crepes filled with hazelnut chocolate cream and fresh berries

Dress: Casual / Christmas attire

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, 27 November 2017 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, November 29, and pay at the door.

Lunch will be on Saturday 2 December 2017 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: _____

Veterans and Opioid Addiction

ously, that they can choose it cold turkey," Marsden says. "Approach them with compassion [and] empathy and try to get them to understand you're not blaming them for anything - that you're there to listen and want to do what's best for them."

Officers in a position to counsel troops should know addicts are less likely to report their problem to a superior or someone in their direct chain of command because of perceived negative consequences, Marsden says.

"They're more likely to tell friends and coworkers," Marsden says. "So the officer needs to make it comfortable for the friends and coworkers to talk to superiors."

"If they think you'll kick the person out, tell them that's not true," Marsden continues. "The military has lots of programs. [See "Resources," at right.] Make sure everyone in your chain of command knows the resources. And you may think opioid addiction is not an issue for your own troops. But have a general meeting where you let them know that you know it's a problem and that there will be a compassionate and empathetic response, and that you will help them."

Active duty officers and retirees must keep a close eye on their servicemembers and other veterans to spot prescription drug abuse, says Maj. Jim Wiggs, ANG (Ret). Wiggs, a MOAA member, is a prior-enlisted airman who retired from the Air National Guard in 2006 and now works at Cigna, a global health insurance provider on a quest to curb opioid abuse by 25 percent over the next year-and-a-half.

"The senior enlisted and officers need to be very in tune with the men and women serving underneath them and with them," says Wiggs, who coleads Cigna's veteran colleague resource group.

It's important for officers to encourage their troops to be open about that kind of pain without fear of it negatively impacting their careers. If troops do require medication to treat their pain, Wiggs says officers should encourage them to stay away from addictive narcotics.

Preventing addiction in the ranks makes it less likely for veterans to abuse opioids. That's an important step in preventing accidental overdoses or suicides.

"I don't want to see them find the bottom of the bottle," Wiggs says.

By Heidi Lynn Russell, MOAA Website

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THE BORDER BULLETIN

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