



Still Serving in Korea



Newsletter 2000-3

The newsletter for U.S. military retirees in the Republic of Korea

Jul-Sep 2000

Medical Care Matters

An article in the previous issue of "Still Serving in Korea" on prostate cancer and Agent Orange resulted in a significant response from Korea retirees. The following article is presented to provide more in-depth information on this potentially deadly disease.

Prostate Cancer Awareness

Prostate Cancer is the most common non-skin malignancy of American men. The American Cancer Society predicts that there will be about 180,400 new cases of prostate cancer in the United States this year, and that about 31,900 men will die of this disease. It is more common in men over the age of 50, but it has been found in younger men as well. However, more than eight out of ten men with prostate cancer are over the age of 65.

Prostate cancer is more than twice as common among African-American men than it is among American whites. It is also much more common in men with a family history of prostate cancer than in those without.

The good news is that we do have tools for early detection of prostate cancer. These tools include a digital rectal exam of the prostate and a simple blood test. The blood test measures the PSA level in the bloodstream. PSA, or Prostate Specific Antigen, is a serum protease

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Still Serving in Korea is published quarterly by the Osan Air Base Retiree Activities Office to inform retirees and family members on information of interest on rights, benefits and privileges, and on the status of legislative initiatives which affect military retirees and beneficiaries. Items in this newsletter do not necessarily reflect the views of the 51 FW, 7AF, PACAF, USAF, USFK, or DOD.

Pay Matters

Retired Pay COLA

The Cost of Living Adjustment (COLA) for 2001 is being projected to exceed 3%. Max Bielke, of the Department of the Army Personnel Command (DA PERSCOM) writes a newsletter called "Max Facts." Mr. Bielke was projecting 3.2% in July, but increased the projection to 3.5% by late August. The Retired Officers Association in their Legislative Update newsletter in mid-August was projecting 3.6% using "Kentucky windage" forecasting. The actual COLA will be based on the Consumer Price Index-Wages (CPI-W). As Mr. Bielke explains, "The last three months of the fiscal year are important, because it is the average of those three months that is used to compute the actual COLA to retired pay. [The COLA is] the difference in change in the CPI-W between the average of the CPI-W for July, August, and September 1999 and the average for July, August, and September 2000.

Osan AB Retiree Activities Office

VA Advises Debtor Veterans to Pay Up

The Department of Veterans Affairs is notifying some 270,000 veterans who owe the VA money that the debts can be taken from other federal checks. Historically, the VA has collected debts by withholding money from VA payments such as disability compensation and pension, but next spring those offsets also will come from Social Security payments. Veterans affected will always receive the first \$750 of each month's Social Security payment, says the VA, and only 15 percent of the amount greater than \$750 can be withheld. Under the law, when veterans owe more than \$25 to the VA and the debts become more than 90 days overdue, VA officials must report them to the U. S. Treasury Department. Veterans with questions should contact the VA medical centers where they received care.

Armed Forces News, Aug 25

Another Reason for SBP

Recently I read of a retiree that died, leaving a spouse of 38 years a widow. Because I am a strong supporter of the Survivor Benefit Plan (SBP), I decided to analyze the cost and benefits of this case. Over 10 years of retirement, a total of \$13,710 had been deducted from his retired pay for the cost of SBP. The spouse will receive all of this back in the first nine months. If she lives according to the life insurance expectancy tables, she can expect to receive

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made by the prostate that aids in the liquefaction of semen.

The level of this in one's blood is very helpful in assessing the risk of prostate cancer. Using this blood test, along with the digital rectal exam, we have been able to detect prostate cancer at an earlier stage than we were able to in the past. This is important as this cancer, like any other cancer, is much more treatable when caught early. If it is caught early, then the chances of cancer cure are very high with the use of modern therapy.

The recommendations of the American Cancer Society and the American Urological Association are that all men over the age of 50 should have an annual digital rectal exam and PSA. African-American men and men with a family history of prostate cancer should begin this screening at the age of 40, because of their increased risk. There is no need to start prostate cancer screening at an earlier age.

Males who fit these criteria who have not had annual screening are encouraged to either call or visit their doctors for an appointment to begin screening.

Remember, when it comes to prostate cancer, early detection is the key. The chances of early detection are greatly increased with the use of the recommendations outlined here. [SOURCE: Navy and Marine Corps Medical News]

Tricare News, Jun 23

Gulf War Illness Studies Continue

In an continuing effort to help address important questions regarding Gulf War health issues, the Departments of Defense and Veteran Affairs have authored an editorial accompanying a review article on Gulf War veteran's illnesses by Dr. Jeffery Sartin, which appears in this month's peer-reviewed medical journal, "Mayo Clinic Proceedings."

The editorial affirms that much has been and is being learned about the health status of Gulf War Veterans. It notes that the U.S. government for fiscal 1994-1999 has committed more than \$160 million to support more than 150 clinical, basic science, and other research projects to further understanding of the causes related to illnesses among Gulf War veterans, popularly known as "Gulf War Syndrome."

The article states that research investigations have already answered some critical questions. Examinations of more than 100,000 Gulf War veterans have identified a broad diversity of common health problems. Moreover, mortality studies of Gulf War veterans have not shown a higher rate of deaths due to disease; and studies of hospitalization records have not found an overall increase in birth defects among their children since the war.

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The editorial observes that in some studies, however, varied populations of Gulf War veterans have reported higher rates of numerous symptoms and illnesses. But analysis of hospital records reveals no general increase in hospitalization among Gulf War veterans during the first few years after the war.

On the 10th anniversary of the Gulf War deployment, it is becoming clear that no single solution for the health questions that have arisen since this war will be found. As the large pieces of the medical puzzle are put together, lessons can be drawn to provide better health care for Gulf War veterans, and to protect military troops in future deployments.

American Forces Press Service, Aug 8

Laser Eye Surgery

With only a few exceptions, active duty soldiers, sailors, airmen and Marines are allowed to have their vision corrected with laser eye surgery and not worry about it affecting their careers.

Service officials have been studying photorefractive keratectomy, or PRK, and laser in-situ keratomileusis, commonly called LASIK, the two most common procedures, almost since their outset and are convinced they're safe for military members in most career fields.

PRK involves correcting vision by using a laser to remove surface corneal tissue. In LASIK, the surgeon cuts a flap in the cornea, flips it aside, removes corneal tissue with a laser, and flips the corneal flap back into place.

[Personnel on flight status in all the services are generally prohibited from PRK and LASIK surgery.] Service officials outlined the restrictions on [other] active duty members.

The Air Force doesn't prohibit other personnel refractive surgery, but it considers both PRK and LASIK to be elective surgery that neither it nor TRICARE covers.

Navy SEALs and divers are allowed to receive PRK, but not LASIK. "LASIK continues to be disqualifying with no waiver recommended for SEALs and divers," he said.

Womack Army Medical Center at Fort Bragg, N.C., has been performing free PRK laser eye surgery on active duty soldiers since June 1. The highest priority there goes to Special Forces soldiers, Rangers and soldiers in some frequently deployed units.

"Don't rely on any one person, any one Web site, any one source to give you the entire story about the risks and the benefits," Dr. (Col.) Arleen Saenger, the Air Force's chief of physical standards, said. "People really, really need to make an informed decision. It's not like glasses or contacts that you can change if they're not quite right." ■

American Forces Press Service, Jul 20

approximately \$180,546.00 in SBP benefits, and that's with the (social security offset) reduction at age 62. My figures were done without calculating in the COLAs she will receive. This will only increase the total dollars she receives.

Max Facts 38-00, Aug 9

Hastert Hears Concurrent Receipt Case

Representatives of The Retired Officers Association (TROA) and eight other military and veterans associations met with Speaker of the House Dennis Hastert (R-IL) and Rep. Mike Bilirakis (R-FL) to urge leadership support for the Senate proposal to authorize full concurrent receipt of uniformed service retired pay and veterans disability compensation.

Bilirakis, the perennial champion of concurrent receipt legislation, arranged the meeting to let association representatives make our case to the Speaker face-to-face. In the past, House leadership has not embraced legislation to end the dollar-for-dollar offset of retired pay by any amount the retiree receives in Department of Veterans Affairs (VA) disability compensation, largely because the various legislative proposals carry costs up to several billion dollars a year. Leadership support is critical, because congressional rules leave the Armed Services Committees little flexibility to increase retirement outlays. To make such improvements, leadership has to agree to allocate more so-called "entitlement" spending for this purpose, or has to influence enough votes to waive the normal spending rules.

TROA and other representatives made the case that many retirees with 20 or more years of service lose their entire retired pay to the offset, ending up with the same disability compensation as a similarly disabled member with a relatively few years of service. This unfairly denies any recognition for their decades of arduous service. With the Senate having approved a provision to repeal the offset entirely in the FY2001 Defense Authorization Bill, with over 300 cosponsors in the House, and with ever-growing budget surpluses, association representatives asserted that part of the surplus needs to be devoted to correcting long-standing inequities such as the retired pay/VA compensation offset.

The Speaker listened and made notes, but made no funding commitment at the meeting. Bilirakis indicated he would follow up with the Speaker, and testified himself in support of the Senate initiative before the House defense authorization conferees.

The Retired Officers Association Legislative Update, Jul 28

Montgomery GI Bill Unused by Half Who "Buy"

Can you imagine turning down \$20,000 in education benefits -- especially if you paid for it in advance with cold cash and sweat equity?

Half of all service members eligible for Montgomery GI Bill benefits regularly do just that, according to Department of Veterans Affairs (VA) officials. Service members qualify for the Montgomery GI Bill benefits by contributing a nonrefundable \$100 per month throughout their first year of active service and successfully completing an active-duty "hitch."

Walking away from the benefit is a waste of great investment, VA officials said. At the current \$536 monthly benefit for 36 months of full-time schooling, the MGIB pays \$16 for every \$1 members must invest, Dennis Douglas, VA deputy director for education services told the American Forces Information Service.

He and other VA officials stressed MGIB benefits do not have to be paid back, unlike student loans.

Recent changes to the Montgomery GI Bill make it even better, said VA spokesman Terry Jemison. The program, he said, now pays the cost of some preparatory courses for college and graduate school entrance exams. Also, eligibility has been expanded to some officer training school graduates and surviving spouses. Proposals now under consideration before Congress would increase monthly payments, he added.

The education benefit provides many military men and women with education opportunities that otherwise might not be available, according to Jemison.

"We owe them, I believe," Douglass said. "It really is an opportunity for us to honor them for what they did for this nation."

The VA maintains a Web site offering detailed information, application forms and FAQs covering the Montgomery GI Bill, earlier GI bills and other VA educational programs at <http://www.gibill.va.gov>.

American Forces Press Service, 10 Aug

VA Claims Assistance

On July 25, the House unanimously passed a bill (H.R. 4864) directing the Department of Veterans Affairs (VA) to help veterans in preparing and obtaining evidence for their disability claims. The legislation would nullify a federal court ruling last year that the VA only had a duty to assist veterans when VA officials considered their claims for benefits were "well-grounded." The Veterans Claims Assistance Act of 2000 would eliminate the requirement that a claimant first submit a "well-grounded" claim before receiving assistance from the VA. It would require the VA to obtain any relevant records in VA's possession, or within any other federal agency, at no cost to the veteran. The VA would also be required to provide a medical examination if warranted. Veterans would have two years to ask the VA to reopen a claim previously denied as "not well-grounded." ■

The Retired Officers Association Legislative Update, Aug 18

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More Health Matters

Long Term Care (LTC) Insurance Legislation

Today, Congress sent to the President legislation that will authorize group Long-Term Care insurance for all active and retired federal government employees and their family members.

The principal advantage of government-sponsored LTC legislation is that the large, group buying power is expected to reduce the rates by about 20 percent below rates for individual commercial plans. While this legislation does not provide a government subsidy, it is a major first step in giving federal employees the opportunity to enroll in a long-term group plan. Due to the growing cost of skilled nursing care and home health care (services that are limited under Medicare), many members are now seeking long-term care coverage in case they become unable to care for themselves due to disability or mental incapacity.

Rep. Scarborough, Chairman of the House Civil Service Subcommittee, fulfilled his promise to include uniformed service members in the government's group long-term care insurance program, and shepherded his bill (H.R. 4040) to House approval in May.

Senator Grassley's companion bill (S. 2420) passed the Senate on July 25th.

Officials project that it will be October 2002 before the 13 million potentially eligibles will have a chance to physically sign up. More details to come.

The Retired Officers Association Legislative Update, Jul 28

Proposed Changes to TRICARE and FEHBP

At the July Board of Directors meeting, TROA's Board reaffirmed its strong support for Federal Employees Health Benefit Program (FEHBP)-65 (FEHBP for Medicare-eligibles) and also directed that we abandon the two step approach and pursue FEHBP for those under 65 with equal vigor. In addition, since both Rep. Ronnie Shows (D-MS) and Sen. Tim Johnson (D-SD) were unsuccessful in getting their bills, HR 3573 and S.2003, respectively, adopted as amendments to the National Defense Authorization Act, and since the last minute Warner Amendment was such a significant step forward, the Board directed the TROA staff to focus its efforts on getting it enacted this year.

If enacted, and made permanent, the Warner Amendment would mean TRICARE would establish TRICARE for-life as a wraparound (second payer) for Medicare. Except for some minor differences, TRICARE-for-life generally would be equal to – and with respect to prescription drugs better than – FEHBP as a supplement to Medicare. The following provides a side by side comparison of the

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Warner Amendment with FEHBP (using the Blue Cross and Blue Shield Standard - the most popular plan with Federal Retirees):

- * Annual enrollment fee: TRICARE none; FEHBP \$781 single; \$1,736 family in 2000. These rates will increase by about 16% by 2002.
- * Medicare provider automatically qualifies as authorized provider. Yes for both programs.
- * Pay excess charges up to 115% of the Medicare allowable (the maximum allowed by law): Yes for both programs.
- * Pay full Medicare copay if a Medicare provider is used: Yes, for both programs.
- * Skilled nursing home care, home health care and hospice care: Yes, for both programs.
- * Care while traveling outside of US: Yes, for both programs, with standard copays.
- * Coverage for retirees residing overseas: No for TRICARE; Yes for FEHBP with standard copayments. We've recommended to the House and Senate Armed Services Committees that TRICARE act as primary payer for those who reside overseas.
- * Mandatory participation in Medicare Part B: Yes for TRICARE; No for FEHBP, but the National Association of Retired Federal Employees (the largest Federal civilian retiree association) encourages its members to participate in Part B because copayments and deductibles apply to non-participants. In addition, TRICARE is actually less expensive than FEHBP because the Part B premium (\$546 per year) is 30% less than the FEHBP premium.
- * Medicare deductible (\$100 per year) waived: No for TRICARE; Yes for FEHBP. In addition, a service member could be subject to an additional \$50 TRICARE deductible. We've recommended that this requirement be eliminated.
- * Mail order and retail prescription drug coverage: Yes for both programs, but TRICARE is less expensive. For mail order services, TRICARE's copay is \$8 for a 90 day supply compared to \$10 for generic drugs and \$20 for name brand drugs under FEHBP. For retail pharmacy services, TRICARE's copay is 20 percent for network pharmacies and 25 percent in non-network pharmacies, while FEHBP has a 25 percent and 45 percent copay for network and non-network pharmacies, respectively.

In addition, a significant advantage of the Warner Amendment is that it is premium-free for all retirees and not just for those who entered service before June 7, 1956, the case with Rep. Shows' and Sen. Johnson' bills. ■

The Retired Officers Association Legislative Update, Aug 4

Voting Matters

The Importance of Voting

The following information is extracted from the August issue of *Voting Information News*. On-line information is available at <http://www.fvap.ncr.gov>.

Due to lengthy international mail transit time, mail the voted ballot to the state as soon as it is received. This will help to ensure that the ballots will arrive in time to meet state deadlines. Ensure that when you are completing the Federal Post Card Application (FPCA), only correct and current information is used. Note that in most cases the voting residence address (the citizen's address in their home state) must be different from the current mailing address. Many FPCAs were incorrectly filled out for this reason alone. Without the voting residence address, which gives a geographic location, the Local Election Official (LEO) cannot process the citizen's request and without the current mailing address, election materials cannot be mailed to the voter. It is also recommended that a contact telephone number be provided in the "Remarks" section of the FPCA in case the LEO needs to get in touch with you or a local relative. It is also important to note that the LEO needs to be informed of any current mailing address changes because official election materials may not be forwarded by the postal system.

If you are mailing election materials from overseas and do not have access to a US Embassy or an APO/FPO address, please be sure to affix the proper postage necessary to get the materials into the US Postal Service (USPS). There is no postage necessary on the FPCA or the Federal Write-In Absentee Ballot in the USPS, but they need the proper postage affixed through international mail to the USPS.

Before faxing and mailing election materials, always double check that they have been signed and dated. Failure to do so may cause refusal by the LEO. When using the electronic transmission service, always mail the hard copy of the FPCA or Ballot after it has been faxed. This is necessary because many LEO's are required to maintain a hard copy with an original signature on file. It is also recommended that a fax receipt or log is printed which will serve as a record of the date, time and type of transaction. Also, be sure to include a fax number on Item 5 of the FPCA.

Why bother to vote? Read the following:

Pentagon Says Benefit Upgrades Too Expensive, Premature

Given longstanding Department of Defense opposition to survivor benefits improvements, elimination of the disability compensation offset to retired pay, and restoration of full health coverage for all Medicare-eligible

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beneficiaries, we shouldn't be surprised. But Defense Secretary William Cohen's August 7 letter to House and Senate Armed Services Committee leaders is still disappointing reading. It stops short of expressing outright opposition, but leaves little doubt the Administration is far less than enthusiastic about these Senate-passed Defense Authorization Bill provisions.

"Several Senate provisions would have extraordinary budget consequences that could threaten the ability to fund other critical defense priorities," the letter said. "Section 666 would allow concurrent receipt of military retired pay and disability compensation and would increase direct spending by over \$3 billion a year. Section 652 would allow the expensive concurrent receipt of Survivor Benefit Plan benefits and disability [sic] and dependency compensation."

Regarding the bill provisions for expanded retiree benefits involving TRICARE and Medicare subvention, Cohen's letter said, "The Administration supports further improvements in military health care, but is concerned that more work is needed on these proposals before deciding which, if any, should be pursued and how to fund those without hurting our overall health care operations or other defense priorities. I urge the Congress to proceed with caution and refrain from mandating new unfunded benefits."

The budget concerns are understandable. But inaction and further delay won't help address the obvious problems for people who have earned and need relief now. Where the only concern is the budget, we'd prefer seeing Defense leaders express some real support, while urging Congress to provide the necessary funds.

On the health care front, DoD can't complain about congressional initiative. The Joint Chiefs called for this to be the year of health care, and testified that restoring equity for retirees must be a priority. DoD and the Administration have had years of opportunity to propose a comprehensive fix, but have failed to seize them. Past experience is that once Congress enacts such improvements, those who resisted them are usually quick to begin singing the new programs' praises. ■

The Retired Officers Association Legislative Update, Aug 25



Community Matters

Bargain Lodging Available in Washington, D.C.

Active duty and retired enlisted members and families can stay at the 37-room U.S. Soldiers' and Airmen's Home in Washington, D.C., for \$20 per night per individual for up to five nights, announced the home's public affairs director, Jean M. Schaefer. Two single rooms share a bathroom, and a child of six or under can stay free with a parent in a room, said an official. The home also offers cafeteria-style dining facilities at \$3 for breakfast and \$7 for lunch and dinner. The menu features two daily entrees, a short order line, a salad bar and a variety of baked goods and ice cream, Schaefer said. The home also offers military exchange facilities, including a lounge and a small store. Located at 3700 North Capitol St. NW, it is within 2.5 miles of the U.S. Capitol. Parking on site is free, and mass transit is available outside the gate. Call 1-202-730-3044 for reservations.

Armed Forces News, Aug 18

Certain Disabled Vets Rate ID Cards

Defense Department sources have clarified a policy authorizing ID cards (DD Form 1173) for honorably discharged veterans who are rated 100 percent disabled by the Department of Veterans Affairs (VA) due to unemployment. According to DoD Instruction 1000.13, any authorized Uniformed Services personnel office or ID card-issuing facility with on-line access to the Defense Enrollment Eligibility Reporting System can issue such cards to eligible veterans, dependents and survivors. Documentation must include a DD Form 214 and a letter from the VA affirming that the veteran has an overall disability rating of 100 percent. The letter also must state that commissary and exchange privileges are authorized, and indicate whether a disability reevaluation is necessary.

Armed Forces News, Aug 18

Black Marketing

I wrote the following article for the widows' newsletter. It's important for retirees and their dependents also, so here it is in both languages.

The July 28 issue of the Osan base newspaper had a story about black marketing. It reported that nearly 30 people had been identified for black marketing and all of them "were family members of retired or deceased military members." In addition to losing their ration card privileges, they have been barred from the base. We also have to remember that, although black marketing is also done by dependents of active duty members, there is a big difference between the active duty and the retiree/widow communities. Active duty personnel and their dependents are here on military orders. No action would be taken against them as a group, and any ration control violations would be handled on an individual basis.

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We have to remember that the ration card privilege for retirees and widows is a privilege, not a guaranteed right. If the command or the Korean government decide that it's too much of a problem, then the privilege could be cancelled for the entire group. The most vulnerable group is widows, followed by the military retirees. Ration cards were originally authorized only for widows of active duty members who died in Vietnam. Later it was extended to all widows. If the Korean government decides to enforce the widow authorization, then only those widows whose husband died in Vietnam would be authorized to have a ration card. Retirees are here voluntarily. It would be easy for the Korean government to say that because they choose to live here voluntarily, retirees should not be allowed to have special privileges that give them an economic benefit over other residents of Korea.

If we want to keep this privilege, we should follow the rules. If, on the other hand, some of us continue to ignore the rules, then both the retirees and the widows could suffer. Before that happens, ask yourself what you would do if you lost access to the Commissary and Exchange. Think seriously about it, because it's a serious matter.

불법 거래: 7월 28일 오산 부대 신문 기사에 실렸던 블랙 마켓팅에 대해 말씀을 드리겠습니다. 리포트에 의하면 30명 이란 사람이 명단에 올려져 있습니다. 우리는 재향군인과 그리고 미망인의 멤버로서 꼭 알아 두어야 할 몇가지 말씀을 드리겠습니다. 불법 거래를 하다가 적발 되면 모든 혜택이 중단 됩니다. 첫째는 제한된 날자 까지 부대를 자유롭게 사용 할수 없게됩니다. 저희 사무실에 불일이 있어도 정문에서 출입을 제지 당하게 될것입니다. 주둔하고 있는 군가족에 만약 블랙 마켓팅을 하다 적발 되면 레슨 카드 압수 당하고 죄 댓가를 받게 되지만 미망인들 경우엔 너무나 엄청난 불이익을 모두에게 까지 주게 됩니다. 레슨을 압수 당하면 불편한 점이 한두가지가 아니지요 무엇보다도 PX, 커미설을 이용할수 없게 되면 불편한 점이 많겠지요. 블랙 마켓팅은 생각지도 하지도 맙시다. 군부대 혜택 아래 우리는 재대 가족과 미망인 들께서 레슨을 이용 했으나 종종 있는 블랙 마켓팅에 군부대나 한국 정부에서 특권을 줄수 없다면 우리는 불행이도 누구를 닮할수 없이 명령에 따라야 합니다. 한국 정부에서 특혜를 주기를, 월남전에 전사한 미망인 한해서 레슨을 이용하게 해주었습니다. 그러나 군부대 에서 요청 하기를 재향군인과 다른 미망인 에게도 혜택을 준것입니다. 한국 정부가 SOFA 규정이 많이 수정 했기 때문에 종종 불법거래가 왕성된다면 정부에서 재재를 하게 될것입니다. 지금 우리 나라는

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많은 나라에서 수입을 해오고 있기 때문에 불편한 점이 없다고 생각하고 있을지도 모릅니다.

재향군인이 한국에서 살고 있는것은 본인의 의사이고 미망인도 마찬 가지 입니다. 만약에 경우 제대 군인 들께서 세금을 내면서 한국에서 살고 싶으면 그것은 본인의 자유입니다. 미망인도 마찬 가지 입니다.

(만약 어떤 경우)

여러분 만약 우리가 특혜를 얻고 한국에서 거주 한다면 우리는 규칙에 따라야 합니다. 다른 사람의 잦은 블랙 마케팅으로 인해 주위 사람에게 불이익을 주워서 안되겠습니다. 나로 인해 다른 사람에게 불행한 일을 만들지 맙시다. 여러분 우리는 규칙을 따르지 않으면 불편 한점이 한두 가지가 아니므로 주의 하십시오. 가볍게 생각지 마십시오. 다시 한번더 말씀 드리겠지만 레슨을 압수 당하면 무엇이 문제 일까요? 바로 여러분께서 이용 하시는 크리디 요니온, 뱅크, 우체국, 병원 그리고 RAO 사무실에 도움이 필요할때 정문 출입을 자유 스텝하게 할수 없어 불편 하겠지요. 한번더 생각해 보세요. 그런것을 하편 어떤 불행이 올것인가 심중히 생각 하시기 바랍니다. ■

Osan AB Retiree Activities Office

Laughing Matters

Fifty Years from Now

Three elderly gents were talking about what their grandchildren would be saying about them fifty years from now.

"I would like my grandchildren to say, 'He was successful in business,'" declared the first man.

"Fifty years from now," said the second, "I want them to say, 'He was a loyal family man.'"

Turning to the third gent, he asked, "So what do you want them to say about you in fifty years?"

"Me?" the third one replied. "I want them to say, 'He certainly looks good for his age.'" ☺

from the Internet

Rudeness is the weak man's imitation of strength.

Eric Hoffer

The person who knows "how" will always have a job. The person who knows "why" will always be his boss.

Diane Ravitch

The Director's Corner

SOFA Status: Previously, I mentioned that my SOFA status was not renewed at the end of my first two years as Retiree Activities Office (RAO) Director. It still has not been returned, and in July I obtained a Resident (F-1) visa. The issue has not been dropped, and sometime in the (hopefully near) future, the US Forces Korea (USFK) Retiree Council is expected to raise the issue to GEN Schwartz, Commander, USFK. He is a staunch supporter of both retirees and volunteers, and he has already started addressing some retiree issues.

One of the hoped-for objectives in presenting the SOFA status case to him will be that retiree volunteers in retiree offices at other installations in Korea could be offered SOFA status in exchange for a minimum number of hours of service each week. There is, of course, no guarantee that this would come to pass, but it's a possibility.

Get Involved: Being a retiree in Korea is unique in some ways. We have access to duty free goods, a privilege not available to retirees in some overseas

locations. We have access to free medical and dental care, something that many retirees in the U.S. are paying for. I'm not going to get into a discussion about what's owed to us or what was promised to us. Resolving those issues is outside the scope of what I can do for you, other than trying to ensure that we have equal access within the constraints defined by space available and staffing cuts.

Something I feel strongly is that we are part of a community. Whether you live near a military base or not, you are part of a community. If you rely on a base for many of its services, then you're part of that community. And when you're part of a community, you should get involved, give back, do your share. There are many things we want to see happen, but we often don't think in terms of *quid pro quo*. "They owe us" is a frequent response. Or, "I'm not active duty, why should I care.?" The reason you should care is because, by being involved, you're ensuring that your voice is heard and your needs, wants and desires are expressed to those who *can* do something about them. And by contributing, you give them a reason to listen and to want to help you. This is a valuable lesson I've learned working as a volunteer.

Jack Terwiel

**RETIREE ACTIVITIES OFFICE
51 MSS/CVR
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APO AP 96278-2097**

ADDRESS CORRECTION REQUESTED

Korea Retirees Association Meeting Set

The US Military Retirees Association Korea (USMRAK) is a private organization of military retirees living in the Republic of Korea and all retirees living here are automatically members. There are no dues or other fees associated with membership. The association provides a means for retirees to accomplish actions that may not be appropriate for the officially-chartered USFK Retiree Council or the Osan AB Retiree Activities Office.

The association has scheduled its annual membership meeting for Saturday, December 2, 2000. It will be held from 1000-1200 at the Army Community Center, Building 4106, on Yongsan South Post (across from the Dragon Hill Lodge underground parking garage). It will be in the Community Room, which is directly across the foyer when you enter.

The association provides a forum for all interested retirees to get together and discuss issues of interest to retirees, their dependents and widows.

Another important function conducted at this annual meeting is the election of officers. Current officers of the association are: President - Bill Horvath, MAJ, USA

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retired; Vice-President - Jack Terwiel, Capt, USAF retired; and Secretary - Al Chellis, LTC, USA retired. **All retirees are invited to attend this important function.** Refreshments will be available.

Osan AB Retiree Activities Office

Space Available Travel to/from the Philippines

Space available transportation information for the Philippines is now available. If you are interesting in space available travel schedules to and from Ninoy Aquino Airport, Manila, and Clark International Airport, Angeles City, you can find the information on-line at http://www2.mozcom.com/~rao_cabr.

You can also sign up for space available travel via e-mail to clrkmlasstgrp@hotmail.com, via phone to 63-2-551-2551/831-9289, or via fax to 63-2-831-5283. ■

Osan AB Retiree Activities Office

In the Next Issue
Enacted Legislation – What was passed that affects retirees
Korea Retiree Network – Who at your installation talks to the RAO