When retired Lieutenant General Pete Osman and I met for the first time we both agreed one of our first objectives as co-chairs of the Secretary of the Navy’s Retiree Council would be to ensure the uniformed leadership of both the Navy and Marine Corps were kept informed of the deliberations and actions of the Council. We also wanted to ensure the leadership viewed the Retiree Council as a key means of staying connected to their retired communities.

On February 18, we had an office call with Chief of Naval Personnel, Vice Admiral John Nowell, and Fleet Master Chief Wes Koshofer. Although familiar with the Retiree Council, VADM Nowell and FLTMC Koshofer were pleased to receive updated information on the recent activities of the Council.

In our discussions about the Council, we covered the following:

▶ The Council addresses issues of importance to the retirees and their families, facilitates actions between the Department of the Navy and retirees, and assists with the Retired Activities Program.
▶ The composition of the Council includes 12 Navy and eight Marine retirees with equal officer/enlisted representation. In addition the Council is led by co-chairs from the Navy and Marine Corps.
▶ The Council meets face to face one week each year and has three teleconferences spread across the remainder of the year.
▶ The Council produces an annual report based on items
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of interest/concern from the retired community and the Council’s own research and deliberations. The report is submitted to the Navy Secretariat for action/response.

► Issues generally fall into three categories: compensation, health affairs, and outreach.

Vice Adm. Nowell and Fleet Master Chief Koshofer found the brief very helpful, seeing the Council as a key asset in helping senior leadership better appreciate the concerns of retired Sailors and their families.

The major concern we presented is the impact the new Defense Health Agency is having, and will have, on health care for both the active duty and retired populations and their families, particularly with the reduction of Military Treatment Facilities.

We also discussed in some detail the potential value of the Navy to remaining more actively engaged with prior Navy personnel, discharged and retired, after separation. Nearly all other services have established or are establishing programs that retain former members as interested team members for life. The idea of creating a method for remaining connected to “Shipmates for Life” as a way of maintaining the pride of being a Sailor and serving in the world’s greatest Navy could be a win-win for all concerned.

We discussed the Council’s plans to brief the Chief of Naval Operations, the Commandant of the Marine Corps, the Master Chief Petty Officer of the Navy, and the Sergeant Major of the Marine Corps when the current national emergency allows. Additionally, we discussed our recognition of the importance of a consolidated effort could play amongst all the services to address. By doing so, the idea is to speak with one voice to those in OSD who have cognizance of those issues.

Visit the Retiree Council webpage. For the full Secretariat response to the Council’s 2019 report, go to the link on the Shift Colors webpage.

Editor’s Note: Council Co-Chair Pete Osman, Lt. Gen., USMC (Ret) contributed to this article.

5 Naval Support Activity (NSA) Mid-South, Millington, TN
Due to the current COVID-19 situation, the Retiree Appreciation Day scheduled for April 25 has been officially cancelled

** Naval Air Station Jacksonville, FL
NAS JAX has officially postponed the date until at least the September-November timeframe. Depending on the COVID-19 situation and hurricane season, word will be passed when/if a firm date is set.

For current developments, keep in touch with your area Retired Activities Office

Shift Colors
Deputy Chief of Naval Personnel; Commander, Navy Personnel Cmn: Rear Adm. Jeffrey W. Hughes

NPC Public Affairs Officer: Lt. Cmdr. Matt Knight
Editor: Gene H. Hughes

Shift Colors, the newsletter for Navy Retirees (NAVPERS 158866), is published in accordance with Department of the Navy (DON) Publication and Printing Regulations. The Secretary of the Navy has determined this publication is necessary in the transaction of business required by law of the DON.

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www.shiftcolors.navy.mil

RETIREE SEMINARS & APPRECIATION DAY EVENTS

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Air National Guard Base Selfridge, MI Retiree Appreciation Day 0800, Saturday, Sept. 19 Dining Facility, Bldg. 164, 43156 Wagner Street selfrao@yahoo.com

For current developments, keep in touch with your area Retired Activities Office

MyNavy Family phone app connects Sailors, loved ones with resources

With the release of the MyNavy Family app, the Navy focuses on families (Active Duty, Reserve and Retired).

From its inception, the app was built to provide a one-stop shop for authoritative information and provide an interactive user experience that contains relevant and timely information.

The May 2019 release included 12 main content areas, Navy Spouse 101 Information, links to Naval Services FamilyLine website and other pertinent websites. Based on feedback from the initial release, the app was updated in June to include links for Spouse Licensure Reimbursement, Blue Star Families and the Navy Gold Star Program.

In Version Two, released in November 2019, the app includes an additional search feature on the welcome screen and several new resources to help Sailors and their families during a Permanent Change of Station (PCS) move. Three additional content areas were also added to the welcome screen: Family Financial Planning, Survivor’s Resources, and Parents and Family Members of Sailors.

The app, which has been downloaded approximately 13,000 times, is located in the Navy App Locker, along with 23 other apps that focus on everything from fitness and training to education and life skills. Download today at: www.applocker.navy.mil

The Military Health System

With news of the contagious and potentially deadly illness strain known as Coronavirus (COVID-19) grabbing headlines worldwide, military health officials say that an informed, common sense approach minimizes the chances of getting sick.

Many forms of coronavirus exist among both humans and animals, but this new strain’s lethality has triggered considerable alarm. Believed to have originated at an animal market in Wuhan City, China, novel coronavirus has sickened and killed thousands. It has since spread to other parts of Asia. The first case of novel coronavirus in the U.S. was reported Jan. 22 in Washington.

Anyone contracting a respiratory illness shouldn’t assume it’s coronavirus; it’s far more likely to be a common cold malady.

“For example, right now in the U.S., influenza, with 35 million cases last season, is far more commonplace than novel coronavirus,” said U.S. Public Health Service Commissioned Corps Dr. (Lt. Cmdr.) David Shih, a preventive medicine physician and epidemiologist with the Clinical Support Division, Defense Health Agency. He added those experiencing symptoms of respiratory illness – like coughing, sneezing, shortness of breath, and fever – should avoid contact with others and making them sick. Shih said.

“Don’t think you’re being super dedicated by showing up to work when ill,” Shih said. “Likewise, if you’re a duty supervisor, please don’t compel your workers to show up when they’re sick. In the short run, you might get a bit of a productivity boost. In the long run, that same supervisor could transmit a respiratory illness to co-workers, and pretty soon you lose way more productivity because your entire office is sick.”

Shih understands that service members stationed in areas of strategic importance and elevated states of readiness are not necessarily in the position to call in sick. In such instances, sick personnel still can take steps to practice effective cough hygiene and use whatever hygienic services they can find to avert hindering readiness by making their battle buddies sick. Frequent thorough handwashing, for instance, is a cornerstone of respiratory disease prevention.

“Yes you may not have plumbing for washing hands, but hand sanitizer can become your best friend,” he said.

The Military Health System recommends following Centers for Disease Control and Prevention (CDC) travel notices and otherwise avoid contact with others and traveling while sick.

Because COVID-19 is new there is as yet no immunization nor specific treatment. Care providers are instead treating the symptoms – including prevention to reduce fever, coughing and other treatments to soothe sore throats, and, for severe cases, ventilators to help patients breathe.

“Lacking specific treatment,” Shih said, “we must be extra vigilant about basic prevention measures: frequent handwashing, effective cough and sneeze hygiene, avoiding sick individuals, and self-isolating when sick.”

Take steps to protect yourself
• Wash your hands often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
• If soap and water are not readily available, use hand sanitizer that contains at least 60 percent alcohol. Cover all surfaces of your hands and rub them together until they feel dry.
• Avoid touching your eyes, nose, and mouth with unwashed hands.
• Avoid close contact with people who are sick.
• Put at least SIX FEET between yourself and other people if COVID-19 is spreading in your community. This is especially important for people who are at higher risk of getting very sick.
• Stay home if you are sick, except to get medical care. Learn what to do if you are sick.
• Cover your mouth and nose with a tissue or the inside of your elbow when you cough or sneeze.
• Throw used tissues in the trash.
• If you’re sick, you should wear a facemask when you are around other people (e.g., sharing a room or vehicle) and before you enter a healthcare provider’s office. If you are not able to wear a facemask (for example, because it causes trouble breathing), then you should do your best to cover your coughs and sneezes, and people who are caring for you should wear a facemask if they enter your room.
• Clean AND disinfect frequently touched surfaces daily. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.
• If surfaces are dirty, clean them: Use detergent or soap and water prior to disinfection.
• Products with EPA-approved emerging viral pathogens claims are expected to be effective against COVID-19 based on data for harder to kill viruses.

Source: CDC.gov

Higher Risk Groups
Early information out of China, where COVID-19 first started, shows that some people are at higher risk of getting very sick from this illness. This includes:
• Older adults
• People who have serious chronic medical conditions like: • Heart disease • Diabetes • Lung disease
If an outbreak (when a large number of people suddenly get sick) happens in your area, it could last for a long time. Depending on the severity, public health officials may recommend actions to reduce people’s risk of being exposed. If you are at higher risk for serious illness from COVID-19 because of age or a serious, long-term health problem, it is extra important for you to take actions to reduce your risk of getting sick with the disease.

Watch For Symptoms
Reported illnesses have ranged from mild symptoms to severe illness and death for confirmed coronavirus disease (COVID-19) cases.
The following symptoms may appear up to 2-14 days after exposure. *
• Fever
• Cough
• Shortness of breath
• If you develop emergency warning signs for COVID-19 get medical attention immediately. In adults, emergency warning signs:*
  • Difficulty breathing or shortness of breath
  • Persistent pain or pressure in the chest
  • New confusion or inability to arouse
  • Bluish lips or face
Call your doctor if you develop symptoms, and have been in close contact with a person known to have COVID-19 or have recently traveled from an area with widespread or ongoing community spread of COVID-19.
If you are at higher risk of getting very sick from COVID-19, you should:

Stock up on medical supplies
Contact your healthcare provider to ask about obtaining extra necessary medications to have on hand in case there is an outbreak of COVID-19 in your community and you need to stay home for a prolonged period of time.
If you cannot get extra medications, consider using mail order.
Be sure you have over-the-counter medicines and medical supplies (tissues, etc.) to treat fever and other symptoms.
Most people will be able to recover from COVID-19 at home.

Have enough household items and groceries on hand so you’ll be prepared to stay at home for a period of time.

Take precautions
• Avoid close contact with people who are sick.
• Take everyday preventive actions.
• Avoid touching your eyes, nose, and mouth with unwashed hands.
• Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing, or having been in a public place.
• If soap and water are not available, use hand sanitizer that contains at least 60 percent alcohol.
• Avoid crowds, especially in poorly ventilated spaces.
• Avoid all non-essential travel including plane trips, and especially avoid embarking on cruise ships.
• Consider ways of getting food brought to your house through family, friends, neighbors, or online delivery.

What to Do if You Get Sick
Consult with your health care provider for more information about monitoring yourself for symptoms suggestive of COVID-19.
Stay in touch with others by phone or email. You may need to ask for help from friends, family members, neighbors, or community health workers. If you become sick, determine who can provide you with care if your caregiver gets sick.

Source: CDC.gov
A letter to Navy Exchange patrons ...

To Our Deserving Patrons,

Like so many of you, we have spent the last several days and weeks learning about the coronavirus (COVID-19) and how it is impacting our world. The Navy Exchange Service Command (NEXCOM) will continue to follow any and all guidance set forth by the Department of Defense (DoD) and the Department of the Navy while remaining committed to our patrons both in the U.S. and overseas. Our mission is to serve our Sailors and their families at home and abroad with a key quality of life benefit. With over 14,000 personnel worldwide, we’re also working hard to understand how COVID-19 is affecting our military communities around the globe, and to make the necessary adjustments to operations in this ever-changing environment. To accomplish this, NEXCOM stood up its Crisis Action Team on March 2, with the sole purpose of identifying any operational issues in order to create timely solutions for you, our patrons.

Currently, our distribution team is not experiencing any shipping delays for goods. However, we will remain cognizant of any container reductions and will work to keep products flowing. We are closely coordinating efforts with our military distribution centers to meet increased demands for products in our stores. We have been ordering extra quantities of masks, hand sanitizer, cleaning wipes, hand sanitizing wipes and toilettry items. Please know, we are diligently pursuing all available avenues for the products you are in need of at this time. As suppliers have availability, NEXCOM is one of the first to procure them. Last week, NEXCOM acquired an additional 24,000 units of masks and 70,000-plus units of hand sanitizer and disinfectant wipes. In addition, local procurement teams in Europe and Japan continue to pursue regional product availability for supplementary units to support those markets. Please note, at certain NEX locations, installation leadership has deemed it necessary to implement purchase limitations on certain products to ensure the NEX can meet the increased demand. Additionally, multiple NEX stores overseas have institutional social distancing for customers in line. For service operations, our primary focus remains overseas where there is the greatest need. At locations where DoDEA schools have closed, NEXCOM’s school lunch program has halted production, but remains fully prepared to provide nutritional food at a moment’s notice. For barber shops and beauty salons that were closed by host countries, we are diligently working with leadership to secure alternatives. Similarly, NEX and leadership are working in tandem to keep overseas food courts open for business.

Our Navy Exchange Program has an obligation to our guests to ensure safe and sanitary accommodations. Additionally, as deemed necessary by the DoD or DoN, we are prepared for any of our 39 facilities worldwide to be used as an official isolation or quarantine site. Lastly, to provide for our Sailors who are deployed at sea, the Ship Store Program is always prepared to assist with any stock shortages. The team continues to replenish ships’ stores as needed through NEX Distribution Centers located in Djibouti, Dubai, Italy and Spain. Please be assured that our objective right now is to provide you and your families with necessary goods and to make sure our locations remain safe and clean. Our customer service center lines remain open (877) 810-9030 or 001-877-432-1736 (OCONUS). Know you can continue to shop online at myNavyExchange.com. Thank you for your service and continued patronage!

Robert J. Bianchi
Rear Admiral, SC, USN (ret)
Chief Executive Officer
Navy Exchange Service Command

Stay informed of your state’s health department updates

In order to help our readers keep up to date with COVID-19 information, Shift Colors shares this list of links to all state health departments. Please visit yours frequently.

Alabama
Alaska
Arizona
Arkansas
California
Colorado
Connecticut
Delaware
Florida
Georgia
Hawaii
Idaho
Illinois
Indiana
Iowa
Kansas
Kentucky
Louisiana
Maine
Maryland
Massachusetts
Michigan
Minnesota
Mississippi
Missouri
Montana
Nebraska
Nevada
New Hampshire
New Jersey
New Mexico
New York
North Carolina
North Dakota
Ohio
Oklahoma
Oregon
Pennsylvania
Rhode Island
South Carolina
South Dakota
Tennessee
Texas
Utah
Vermont
Virginia
Washington
West Virginia
Wisconsin
Wyoming

VA announces safeguards to protect nursing home, spinal cord injury patients

WASHINGTON – While the Centers for Disease Control (CDC) still considers COVID-19 to be a low threat to the general American public, the Department of Veterans Affairs (VA) recently announced new safeguards aimed at limiting exposure risk for two of its most susceptible patient populations: nursing home residents and spinal cord injury patients.

VA’s 134 nursing homes are home to more than 41,000 veterans across the country annually. The residents are predominantly older, and many have multiple complex health conditions, making them particularly vulnerable. To minimize exposure risks, until further notice, VA is taking the following actions:

• All VA nursing homes will adopt a “No Visitor” stance - no outside visitors will be permitted to see residents. (The only exceptions will be compassionate cases, when veterans are in the last stages of life.)

• In those cases, visitors will be limited to a specific Veteran’s room only.

• All VA nursing homes will suspend new admissions, but will continue to welcome resident transfers from VA facilities once medical personnel have determined patients are not COVID-19 risks.

• Nursing home staff will be actively screened daily and dedicated to working in tandem to keep overseas military family members and retirees covered under Tricare and veterans using the Department of Veterans Affairs (VA) health system can receive a test for the novel coronavirus, formally known as COVID-19, but only if they meet certain conditions, officials said.

Who Can Be Tested for COVID-19

The VA and Tricare have instituted similar rules around who qualifies for testing:

• The patient has COVID-19 symptoms, such as fever, cough and shortness of breath.

• The patient has traveled to one of the affected areas, like China or Italy.

• Or they have been in close contact with someone infected with COVID-19.

The VA also requires that the patient live in an area where there has been community spread of COVID-19.

Tricare recently announced via Facebook COVID-19 testing is free for all beneficiaries. While it will still be no-cost if the test was prescribed by a network or non-provider, the usual copay or cost-share for the test will apply.

The VA is offering free testing to enrolled veterans, a VA spokesman said via email Monday. This extends to Civilian Health and Medical Program (CHAMPVA) beneficiaries.

Tricare and VA both are asking patients not to go directly to a medical center without first calling.

The VA is urging veterans to receive care virtually by downloading its VA Telehealth App; Tricare wants beneficiaries to call into the Military Health System Nurse Advice Line and chat with a registered nurse to assess their symptoms.

“If needed, they can coordinate a virtual visit with a health care provider,” a Tricare official said via email.

What Happens If I Need to Be Tested?

If a patient needs to be tested, he or she will be given more information on next steps via the nurse advice line or VA app. Officials have said 14 Defense Department laboratories are performing COVID-19 testing, and they expect more to come online. Military clinics can also utilize state public health labs.

Additional Information

The VA is providing information updates via its coronavirus page here and has offered guidance for facility visits here.

Tricare beneficiaries can stay up-to-date on the latest information here.
For Reservists, retirement isn’t always black & white

NPC retirement workshop to address expectations, “gray area”

This year, Naval Reserve Navy Personnel Command (NR NPC) will host a Reserve Retirement Awareness Workshop in Millington, Tennessee, in support of NPC Reserve Personnel Management (RPM) and Navy Reserve Command, Atlantic. The Tennessee-based command hosted the first-ever RAW last November, with about 45 attendees. The next event has been scheduled for Nov. 3-5, 2020, at the Pat Thompson Center, Millington, Tennessee.

This workshop is designed to help Reservists understand what is expected from them and what they can expect up to and through retirement, including the “Gray Area,” thus simplifying the process and giving the member a smoother transition into retirement. The workshop is intended to engage with members in Millington, where a team of NR NPC Subject Matter Experts can more directly answer specific questions and address unique circumstances. Attendees have an opportunity to best focus on their retirement decisions and preparations.

The purpose of the RAW is to prepare for retirement as a Career Life Event that requires planning and preparation. The workshop is intended to engage with members in Millington, where a team of NR NPC Subject Matter Experts can more directly answer specific questions and address unique circumstances. Attendees have an opportunity to best focus on their retirement decisions and preparations.

The following organizations may be represented in each session, either through presentations, counseling, or being present to answer questions:
• Reserve Personnel Management
• Fleet and Family Service Center
• Reserve Retirement Counseling Session
• Reserve Activities Office
• Tricare
• Veterans Affairs
• Veterans of Foreign Wars
• Department of Labor

The workshop will have subject matter experts covering the following topics:
• Processes for Reserve Pay and Benefits
• Reserve Component Survivor Benefit Plan (RC-SBP)
• Records Review and Updates
• Retirement Application Drafts
• Post-retirement benefits and participation options
• Personal Financial Management
• Employment Options
• TriCare – Reserve Program, Medicare
• Veterans’ Affairs

The workshop will take place from 8 a.m. to 4 p.m. local time and is open to all military retirement-eligible Reserve Sailors. Attendees are encouraged to attend at their own expense, for their benefit.

https://docs.google.com/forms/d/1B8SuOka5f0v4MtqAkoFe0cud17ohbc0s4YVQmuM/viewform?edit_requested=true

Reserve Retirement Counseling Sessions (RRCS) will take place across the Reserve Force in each Navy Region at each RCC’s proximate NOSC to interested audiences during scheduled Drill Weekends:

6-7 June: NOSC Chicago
RCC Great Lakes, NR Mid-Atlantic and NOSC Norfolk

RCC Norfolk, NR Mid-Atlantic

20-21 June: NOSC Washington DC
RCC Norfolk, NR Mid-Atlantic

19-20 September; NOSC Everett
RCC Everett, NR Northwest

Retirement

Retirement. One of the more evocative words in the English language. For some of us, it conjures up images of rocking chairs, gray hair and grandchildren. For others it marks the end of one stage of life and the beginning of another. For Reservists, retirement is often the goal as it represents the finish line of a long journey filled with adventure, challenges, camaraderie and likely a few great sea stories. But how and when does a Reservist retire? You may have heard the term gray area retiree, but felt as foggy about its meaning as the term implies. You may at times have wondered: When will I receive retirement pay? How will I provide for my retirement? But how and when does a Reservist retire? You may have wondered: When will I receive retirement pay? How will I provide for my retirement?

For many, the process and timelines by which to retire from the Reserve have seemed a mystery, and the related benefits as the term implies. You may at times have wondered: When will I receive retirement pay? How will I provide for my retirement? But how and when does a Reservist retire? You may have wondered: When will I receive retirement pay? How will I provide for my retirement?

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Concurrent receipt programs: Are you eligible?

Lief Larsen (Col. USMC, retired)
President, CRSB Board

There are two concurrent receipt programs available to Navy and Marine Corps retirees who have Veterans Administration (VA) rated disabilities. They are the Concurrent Retirement and Disability Payments (CRDP) program and the Combat Related Special Compensation (CRSC) program.

Retirees who receive VA disability payments have their retired pay "offset" (reduced) by the amount of VA pay. These concurrent receipt programs "restore" some or all of that retired pay.

The Defense Finance and Accounting Service (DFAS) calculates and pays monthly CRDP and CRSC compensation. It is highly recommended you have a MyPay account set up with DFAS to manage your retired pay:

www.dfas.mil - retired military Manage MyPay

To be eligible for these programs, disabled retirees must be eligible for retired pay AND be in receipt of VA disability compensation. Medical retirees, temporary or permanent (TDLR) with less than 20 years service are eligible for CRSC only. CRSC applies to years of service and Reservists, age 60, are eligible for both CRSC and CRDP, but can receive compensation from only one program. Claimants of CRSC must apply to the service CRSC Board from which they retired.


The CRDP is automatic and is paid to 20-year and TERA retirees who have VA-rated service-connected disabilities of 50 percent. There is no application required. Eligibility is determined by DFAS, which pays monthly compensation, which is retired pay and payments are therefore taxed.

The CRSC is for military retirees with combat-related disabilities of 10 percent or greater. Combat-related determinations are made by the CRSC Board for the branch of service from which the member retired. A combat-related determination is made for each VA disability claimed. The retiree must apply using the CRSC application form (DD-2860 July 2011). The "burden of proof" as to the cause of the disability is on the claimant, and the claim must be supported by official documentation, to include the DD-214, VA Rating Decisions, applicable Service Medical Records (SMRs) and pertinent service personnel records. Reconsiderations are accepted if new official documentation is provided, or for any new disabilities rated by the VA. Appeal authority for CRSC is the Board for Correction of Naval Records (BCNR). The CRSC compensation for medical retirees is calculated by DFAS using a formula that takes into account the VA and CRSC percentages. CRSC pay cannot exceed what would have been the Years of Service (YOS) retired pay amount, but can be less and sometimes zero. CRSC pay is a benefit and CRSC payments are not taxed. Medical retirees can go to www.dfas.mil - Military Members Disabled Retirees.htm to estimate the pay they will receive. Claimants may apply for CRSC under one of four categories:

- Direct result of Armed Conflict (AC)
- Engaged in Hazardous Service (HS)
- In the performance of duty under conditions Simulating War (SW)
- Disabilities resulting from the operation of an Instrumentality of War (IN)

In order for a CRSC claim to be approved there must be a direct causal relationship between the armed conflict or training exercise that simulates war and the resulting disability. The CRSC board makes combat related determinations only on VA rated service connected disabilities. Slips, trips, and falls, lifting heavy objects, as well as physical training, are not combat-related disabilities. Incurring a disability during a period of war or simulated war; or in an area of armed or simulated conflict, or while participating in combat or simulated combat operations; is not sufficient to support a combat-related determination. Only the CRSC Board for each branch of service is authorized to make combat-related determinations for CRSC. Combat Zone (CZ) notations in VA and FEBS documents are not combat-related determinations. A reconsideration request to the CRSC Board is required if your VA rating percentage increases due to VA approval of a new or unclaimed disability.

www.secnav.navy.mil - MRA CORB documents CRSC Navy Reasn Request Form

Retroactive payments are paid for CRSC, but compensation is subject to the six-year Barrating Statute. DFAS and/or the VA can pay back pay/VA Retro back six years from your application, but can go no further than the VA effective date, 60th birthday for reserve retirees, or the CRSC program effective date.

The primary means of communication with the Don CRSC Board is by email at: CRSC@navy.mil.
If you want a phone call, send an email with your phone number. The fax for the Don CRSC Board is (202) 685-6610. Voice mail is (202) 685-1683.
Review the CRSC website prior to applying or contacting the board. The website address is: www.secnav.navy.mil/mra/CORB/pages/CRSC Fax, scan and email, FEDEX/UPS, or U.S. Postal Service your CRSC claim to:

Secretary of the Navy Council of Review Boards Combat-Related Special Compensation Board
720 Kennon Street SE, Suite 309 Washington Navy Yard, DC 20374-5023

The following are a few pieces of legislation affecting veterans/retirees under discussion before the House or Senate.

H.R. 5060: Medical Retiree Pay Restoration Act
Sponsor: Sanford Bishop Jr. (D-Georgia)
Purpose: To amend Title 10, United States Code, to extend eligibility for concurrent payment of both retired pay and veterans' disability compensation to Chapter 61 disability retirees with less than 20 years of service who are not eligible for combat-related special compensation, and for other purposes.
This bill was introduced on Nov. 13, 2019. Read the full text.

H.R. 5169: TRICARE Fairness for National Guard and Reserve Retirees Act
Sponsor: Ross Spano (R-Florida)
Purpose: To amend title 10, United States Code, to improve the TRICARE program for certain members of the Retired Reserves of the reserve components.
This bill was introduced on Nov. 19, 2019. Read the full text.

S. 3393 (no name)
Sponsor: Jon Tester (D-Montana)
Purpose: A bill to amend title 10, United States Code, to provide for concurrent receipt of veterans' disability compensation and retired pay for disability retirees with fewer than 20 years of service and a combat-related disability, and for other purposes.
This bill was introduced on March 4, 2020. Read the full text.

H.R. 5955: Major Richard Star Act
Sponsor: Gus Bilirakis (R-Florida)
Purpose: To amend title 10, United States Code, to expand eligibility to certain military retirees for concurrent receipt of veterans' disability compensation and retired pay for combat-related special compensation, and for other purposes.
This bill was introduced on Feb. 27, 2020. Read the full text.

H.R. 6027: Restore Veterans’ Compensation Act of 2020
Sponsor: Ruben Gallego (D-Arizona)
Purpose: To amend title 10, United States Code, to eliminate the recoupment of separation pay, special separation benefits, and voluntary separation incentive payments from members of the Armed Forces who subsequently receive disability compensation under laws administered by the Department of Veterans Affairs and to impose limitations on the authority of the Secretary of Defense to recoup such pay from members who subsequently receive military retired or retiree pay.
This bill was introduced on Feb. 28, 2020. Read the full text.

H.R. 5757: Military SAVE Act
Sponsor: Garland "Andy" Barr (R-Kentucky)
Purpose: To amend title 38, United States Code, to improve the care furnished to veterans with military sexual trauma.
This bill was introduced on Feb. 5, 2020. Read the full text.

S. 3339: Restoring Military Priorities Act of 2020
Sponsor: Richard Durbin (D-Illinois)
Purpose: A bill to restore military priorities, and for other purposes.
This bill was introduced on Feb. 27, 2020. Read the full text.

H.R. 5876: Jobs and Childcare for Military Families Act of 2020
Sponsor: Donald Norcross (D-New Jersey)
Purpose: To provide a work opportunity tax credit for military spouses and to provide for flexible spending arrangements for childcare services for military families.
This bill was introduced on Feb. 12, 2020. Read the full text.

H.R. 5840: Counting All Military Votes Act
Sponsor: Rodney Davis (R-Illinois)
Purpose: To amend the Uniformed and Overseas Citizens Absentee Voting Act to ensure that absent uniformed services voters serving at diplomatic and consular posts of the United States are able to receive and transmit ballotting materials in the same manner and with the same rights and protections as other absent uniformed services voters under such Act, and for other purposes.
This bill was introduced on Feb. 11, 2020. Read the full text.

Source: govtrack.us
Institute researchers publish paper on state of U.S. oral health literacy

The Delta Dental Institute recently published a white paper examining the state of health literacy in America and its impact on oral and overall health outcomes. "Improving America's Oral Health Literacy" draws on an existing body of literature to assess health literacy gaps and evaluate how improvements can enable Americans to make more informed decisions about their oral health.

"Knowledge is power when it comes to good oral health," said Vivian Vasallo, executive director of the Delta Dental Institute. This paper affirms the link between high health literacy and good health outcomes and provides an important roadmap for improving America's oral health literacy, including:

- Developing dental health literacy training modules; adapting the after-visit summary for use in dentistry; and providing plain-language clinical and dental insurance educational information to all patients. It also explores the current state of medical-dental integration and emerging solutions that would benefit patients, especially those with chronic diseases.

The paper identifies three actionable recommendations for improving America's oral health literacy, including:

1. Improving health literacy for a photo at Ice Camp Seadragon. Photo by MC2 Raymond Maddocks

**Delta Dental**

The Delta Dental Institute engages in and supports oral health research, community outreach, and advocacy, striving to ensure all Americans can have the healthy smile they deserve and live their healthiest lives.

www.shiftcolors.navy.mil

We are now seeking assistance to find those Vietnam-era veterans who are in care facilities, nursing homes, hospices, hospitals, or just in their homes and unable to travel.

**Vietnam Veteran Lapel Pin**

The commemoration is also providing Vietnam Veteran Lapel Pins (pictured), a tangible sign of our nation's thanks, to commemorative partners for dignified public presentations during commemorative events, to living veterans who served on active duty in the U.S. Armed Forces during the specified timeframe, regardless of location of service. Each veteran who served during these dates is eligible to receive one lapel pin.

The Certificate of Honor program, which includes a pin for Surviving Vietnam Veteran Spouses, is found at:

www.vietnamwar50th.com

Commemorative Partners

Thanking Vietnam Vets, Families – Long Overdue!

The Vietnam War Commemoration (VWC) is very excited and grateful to the U.S. Navy and all its subordinate organizations who are commemorative partners with us and who regularly thank and honor our Vietnam veterans and their families.

The nearly 12,000 partners include a mix of dedicated local and national businesses, corporations, veterans and military organizations, associations, educational institutions, community groups, towns, cities and states. They have held more than 17,000 events to date and have thanked and honored approximately 2.6 million Vietnam-era veterans, plus more than 41,000 of their families have received special recognition in memory of their veterans.

The Certificate of Honor program, which includes a pin for Surviving Vietnam Veteran Spouses, is found at:

www.vietnamwar50th.com

Commemorative Partners

Certificate of Honor Program

We must find, thank and honor each of these veterans, their families, and especially retirees, who served during the war years – and their families for many years now. But we have many more to find, thank and honor.

Spearheading this effort is United States America Vietnam War Commemoration, authorized by Congress, under DoD auspices. Our goal is to thank and honor America's 6.5 million living veterans of the 9 million who served on active duty from Nov. 1, 1955, to May 15, 1975, regardless of location — and the families of all who served.

The U.S. Department of Veterans Affairs estimates we are losing more than 500 of these heroic veterans every day. We must act now to do what should have been done 50 years ago. We must find, thank and honor each of these veterans and their families for their service to the nation and we need your help to engage communities across the country so they can be recognized in their home towns where they live and work.

**A National Remembrance Day**

Two years ago President Donald Trump signed into law the Vietnam War Veterans Recognition Act of 2017, establishing a National Vietnam War Veterans Day that will be celebrated every March 29, in perpetuity.

The commemoration office is also coordinating with governors of all U.S. states, commonwealths and territories, and the mayor of the District of Columbia, to host similar events on or around this day. All of them have already hosted events for Vietnam veterans and their families.

The Vietnam Veterans Memorial in Washington, D.C. — also known as "The Wall" — has played, and will continue to play, a significant role in our nation; honoring of our Vietnam veterans March 29. The wall is a reminder to more than 5 million annual visitors of the service and sacrifice of more than 58,000 Americans.

**Commemorative Partner Program**

The Commemorative Partner Program is a hometown-centric initiative established to reach the veterans and their families in their hometowns. Those who have joined as partners have committed to conducting events or activities annually for three years in their local communities that recognize, thank and honor our veterans and their families.

The Certificate of Honor program is a source of ongoing information for our website and newsletter.

www.vietnamwar50th.com

www.shiftcolors.navy.mil

www.vietnamwar50th.com

Commemorative Partners

Certificate of Honor Program
By retired Navy Corpsman Jeffery Lee Hauswirth

In 1987, I made a decision that would change me. I didn't really know how it would change me then, but I joined the U.S. Navy and became a Hospital Corpsman. I served on active duty at the Naval Hospital in Philadelphia, Pennsylvania as my first duty station, and then went to "C" school in San Antonio, Texas and San Diego, California and became a Neurological Psychiatric Technician.

After graduation, I finished my active duty time at then-National Naval Medical Center, Bethesda, Maryland. I loved the Navy and what I did. I contemplated staying in, but compromised at the time by getting out, joining the Naval Reserves right away, and going to college to pursue my dream of becoming a teacher (which I have been since 1998).

While in the reserves, I first served in a Fleet Hospital at Camp Pendleton, California. It was OK, but the Reserve weekends seemed a bit dry. One day, on a whim, I asked one of the Seabee Master Chiefs if they had a need for Corpsmen. The next month, I was part of Naval Mobile Construction Battalion 25. I served there until I retired officially in 2009.

While with the Seabees, I went to Field Medical Service School at Camp Pendleton to become a Combat Medic. Life as a Seabee was the best thing I ever did while in the Navy. As the "Doc" I got to do everything the Seabees did. I learned how to build, got to shoot all kinds of amazing weapons, and had a driver's license for everything from a pickup to a 15-ton. I loved the Navy and what I did. I contemplated staying in, but I really loved fitting in.

"Doc, I got to do everything the Seabees did. I learned how to build, got to shoot all kinds of amazing weapons, and had a driver's license for everything from a pickup to a 15-ton."

anyone to do something I wouldn't or couldn't do, so I became the medic for CSE Team Highbrow.

Surprisingly, there was a lot of down time in Iraq, so to pass the time, I got a guitar, and even managed to write a few songs. This is when things 'got real.' I had a friend, Hospital Corpsman 2nd Class Jaime Jaenke, a fellow Corpsman whom I trained and mentored into the Seabees. She became the medic for another CSE team.

Sadly, her rank and SCW pin were awarded posthumously. On June 5, 2006, Jaime's vehicle was the victim of an IED attack. She and the driver were killed. The two others in the vehicle were badly injured, but survived. I still have thoughts of guilt as the senior HM with the convoy teams that I was the one who pushed for her to be on that team. I was the reason she was in that truck, and I felt I was the reason she is gone.

It's ironic how some things happen. On June 2, 2006, passing the time one evening waiting for the next convoy job, I was sitting in a smoke pit outside my barracks, and the idea for a song came to mind so I started writing and playing. The song is titled "Tomorrow." We are only given now, and for me, in a combat situation, I wondered if I would see tomorrow. My goal was to make it to tomorrow. Three days later, my friend wouldn't see another tomorrow. In mourning her loss, I wrote another song which became "The Ballad of Jaime." I wrote many other songs in the desert, and my goal returning home was to record some of them. I found it difficult to get that done, mostly because I found I didn't want to go back there in my mind and deal with those situations. The songs sat in the same notebook in which I had written them until the summer of 2018. Then, as part of a Veterans Entrepreneur Program run by the University of Tennessee-Chattanooga, I met a lady who knew a bit about the music business. I took this as a sign to finally get this done.

That August, I traveled from Michigan to Nashville, Tennessee to work with a producer and bring this music to life. It turned out to be what I thought it would be. It was emotionally draining and tough to face, but in the end, it proved to be excellent therapy. The result of that trip was my debut EP titled "Forever 29," released digitally on April 26, 2019. "Forever 29" became the title track, and was written when I realized my friend Jaime will be forever 29. My goal with this project is to reach others and hopefully help them, as it helped me. I know I am not the only one who went overseas and lost friends. I have partnered with the United Service Organization (USO) out of Wisconsin, and 25 percent of the proceeds from the sale of this EP will be donated to them.

I hope to find other groups that help veterans to work with.

To get "Forever 29" and support the USO, go to:

Forever 29 EP:

Forever 29 video:
www.youtube.com/watch?v=KGVuxygsqae&disable_polymer=true

www.shiftcolors.navy.mil

www.shiftcolors.navy.mil
2020 Blue Angels Show Schedule

NOTE: Due to COVID-19, the Blue Angels’ scheduled shows may be cancelled/postponed.

April
4 - 5 NAS Kingsville, TX Wings Over South Texas Air Show www.wingsoversouthtexas.com
18 - 19 JB Charleston, SC JB Charleston Air and Space Expo www.jbcharlestonair.com
25 - 26 Vero Beach, FL Vero Beach Air Show www.veroairshow.com

May
2 - 3 MCAS Cherry Point, NC MCAS Cherry Point Air Show & Open House www.cherrypointairshow.com
9 - 10 Dyess AFB, TX Dyess Big Country Air & Space Expo www.dyess.af.mil/Power-in-the-Pines
20 Annapolis, MD U.S. Naval Academy Air Show U.S. Naval Academy
23 - 26 Pensacola Beach, FL Pensacola Beach Air Show www.pensacolabeachairshow.com
30 - 31 Scott AFB, IL Scott AFB Air Show & Open House www.mckeawater.com

June
4 - 5 Traverse City, MI National Cherry Festival Air Show www.cherryfestival.org/airshows
11 | Pensacola Beach, FL Pensacola Beach Air Show www.visitpensacola.com
27 - 28 Dayton, OH Dayton Air Show www.daytonairshow.com

July
18 - 19 | Cold Lake Alberta, CN Cold Lake Air Show www.coldlakeairshow.com
25 - 26 | Milwaukee, WI Milwaukee Air and Water Show www.mkeairwatershow.com

August
1 - 2 | Seattle, WA Boeing Seafair Air Show www.seafair.com
20 - 21 | Vero Beach, FL Vero Beach Air Show www.veroairshow.com

September
5 - 7 | Cleveland, OH Cleveland National Air Show www.clevelandairshow.com
12 - 13 | Baltimore, MD Maryland Fleet Week & Air Show Baltimore www.visitmaryland.org
19 - 20 | NAS Oceana, VA NAS Oceana Air Show www.oceanaairshow.com
26 - 27 | MCAS Miramar, CA MCAS Miramar Air Show www.miramarairshow.com

October
7 - 8 | NAS Point Mugu, CA Naval Base Ventura County Air Show NAS Point Mugu
10 - 11 | San Francisco, CA San Francisco Fleet Week www.fleetweeksf.org
16 - 17 | Pensacola, FL Blue Angels Homecoming Air Show www.visitpensacola.com

The mission of the United States Navy Flight Demonstration Squadron is to showcase the pride and professionalism of the Navy and Marine Corps by inspiring a culture of excellence and service to country through flight demonstrations and community outreach.

November
9 - 10 | Pensacola Beach, FL Pensacola Beach Air Show www.pensacolabeachairshow.com
16 - 17 | Norfolk, VA Norfolk Air Show www.visitnorfolk.com
23 - 24 | Millington, TN Memphis Air Show www.midsouthairshow.com

December
1 - 2 | Memphis, TN Memphis Air Show www.midsouthairshow.com
9 - 10 | Pensacola, FL Pensacola Beach Air Show www.pensacolairshow.com
16 - 17 | San Antonio, TX Air Show www.sanantonioairshow.com

REUNIONS

NOTE: Due to COVID-19, reunions may be cancelled or postponed. Please stay in contact with your event’s POC.

SHIP/STATION Date Phone Email/Web
USS CAIMAN (SS 323) April 20-24 (360) 731-5233 dbfrider@comcast.net
USS LASALLE (LPD 3) April 20-24 (918) 541-3727 jordan.richmond@navalair.org
USS CONSERVER (ARS 39) April 23-26 (619) 654-7321 dcsworkshop19@yahoo.com
USS STEINAKER (DD-863) April 23-26 (904) 654-7321 kken.kohnen@gmail.com
Old Salts and Assorted Spies April 26-30 (210) 861-4932 oldsaltshow2020@gmail.com
Navy Postal Clerks Association April 26-30 (717) 226-1595 hassommno1@aol.com
Patrol Squadron Sixty-Five (VP-65) May 1-3 (909) 241-3620 vp65alumni@gmail.com
USS WALLACE L. LIND (DD-703) May 3-6 (513) 896-5851 linkenestep@aol.com
USS RICH (DD/DDE 820) May 4-8 (269) 353-8810 reunion2020@ussrich.org
USS SWORDFISH May 7-11 (319) 363-2118 kevinstrong173@msn.com
Navy Nurse Corps Association May 9-14 none given nnca2020reunion@gmail.com
Navy Divers Association May 10-14 (619) 733-3804 davidball@cox.net
USS KEPLER (DD 765) May 14-15 (732) 280-2949 keplert765@gmail.com
USS KEARSAGE May 25-29 (850) 712-4664 cvjan78@gmail.com
DESRON 30 May 30-31 (703) 280-2949 keplert765@gmail.com
USS DOUGLAS H. FOX June 11-14 (201) 563-1264 dd779association@verizon.net

NOTE: Due to COVID-19, reunions may be cancelled or postponed. Please stay in contact with your event’s POC.

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<table>
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<tr>
<th>SHIP/STATION</th>
<th>Date</th>
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<tr>
<td>USS FORREST B. ROYAL (DD 872)</td>
<td>June 25-28</td>
<td>(715) 423-8905</td>
<td><a href="mailto:moshbyusni@wctc.net">moshbyusni@wctc.net</a>, forrestroyaldd872.org</td>
</tr>
<tr>
<td>Naval Air Station Sanford</td>
<td>June 25-28</td>
<td>(407) 314-0201</td>
<td><a href="mailto:leasmom81@aol.com">leasmom81@aol.com</a></td>
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<tr>
<td>Patron 6 (VP-6)</td>
<td>Aug. 19-22</td>
<td>(703) 727-7944</td>
<td><a href="mailto:jimvP6@comcast.net">jimvP6@comcast.net</a>, <a href="http://www.vp-6.org">www.vp-6.org</a></td>
</tr>
<tr>
<td>USS TAYLOR (DD/DDE 468)</td>
<td>Aug. 27-31</td>
<td>(804) 212-8911</td>
<td><a href="mailto:oneillfalm@aol.com">oneillfalm@aol.com</a></td>
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<tr>
<td>USS NIMITZ (CVN 68)</td>
<td>Aug. 31-</td>
<td>None Given</td>
<td><a href="mailto:jfwilder@outlook.com">jfwilder@outlook.com</a>, ussnimitzassociation.org</td>
</tr>
<tr>
<td>Squadrions and Shipmates</td>
<td>Sept. 1-6</td>
<td>(859) 689 7001</td>
<td><a href="mailto:squadronsates@aol.com">squadronsates@aol.com</a>, <a href="http://www.squadronsandshipmates.org">www.squadronsandshipmates.org</a></td>
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<tr>
<td>TACAMO Community Veterans</td>
<td>Sept. 3-8</td>
<td>(859) 609-4624</td>
<td><a href="mailto:tca.reunions@gmail.com">tca.reunions@gmail.com</a></td>
</tr>
<tr>
<td>USS FULTON (AS 11)</td>
<td>Sept. 9-13</td>
<td>(401) 855-5998</td>
<td><a href="mailto:rhknhs@yahoo.com">rhknhs@yahoo.com</a>, <a href="http://www.ussfulton.org">www.ussfulton.org</a></td>
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<tr>
<td>USS SAM HOUSTON (SSBN/SSN 609)</td>
<td>Sept. 10-12</td>
<td>(302) 764-1197</td>
<td><a href="mailto:howardvaldobson@verizon.net">howardvaldobson@verizon.net</a>, usssamhouston.org</td>
</tr>
<tr>
<td>USS DECATUR</td>
<td>Sept. 10-13</td>
<td>(819) 922-5650</td>
<td><a href="mailto:ajksasha@gmail.com">ajksasha@gmail.com</a>, ussdectaurassoc.org</td>
</tr>
<tr>
<td>USS STODDARD (DD 566)</td>
<td>Sept. 16-19</td>
<td>(941) 626-1593</td>
<td><a href="mailto:keystoneWillie@verizon.net">keystoneWillie@verizon.net</a></td>
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<tr>
<td>USS HORNET (CV-8, CV, CVA, CVS 12)</td>
<td>Sept. 16-20</td>
<td>(814) 224-5063</td>
<td><a href="mailto:hornetcva@aol.com">hornetcva@aol.com</a>, usshornetsassn.org</td>
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<tr>
<td>USS HECTOR</td>
<td>Sept. 16-20</td>
<td>(408) 710-0983</td>
<td><a href="mailto:harleatkins22@gmail.com">harleatkins22@gmail.com</a>, <a href="mailto:rotenig@yahoo.com">rotenig@yahoo.com</a></td>
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<tr>
<td>USS RASHER (SS/SSR/AGSS 269)</td>
<td>Sept. 16-20</td>
<td>(804) 815-0730</td>
<td><a href="mailto:drifterpilot@cox.net">drifterpilot@cox.net</a></td>
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<td>USS GRAFFIAS AF-29 &amp; AFs of SERVON 7</td>
<td>Sept. 17-21</td>
<td>(847) 567-5341</td>
<td><a href="mailto:srcriefidan@comcast.net">srcriefidan@comcast.net</a>, ussgraffias.com</td>
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<tr>
<td>USS COGSWELL (DD-651) &amp; USS WEDDERBURN (DD-684)</td>
<td>Sept. 21-23</td>
<td>(760) 889-2216</td>
<td><a href="mailto:secretary@usscogswell.com">secretary@usscogswell.com</a>, <a href="http://www.usscogswell.com">www.usscogswell.com</a></td>
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<tr>
<td>USS YELLOWSTONE (AD 27)</td>
<td>Sept. 21-23</td>
<td>(603) 948-2821</td>
<td>(352) 208-5400</td>
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<tr>
<td>American Association of Navy Hospital Corpsmen</td>
<td>Sept. 23-26</td>
<td>(978) 376-7049</td>
<td><a href="mailto:easnfh1@comcast.net">easnfh1@comcast.net</a></td>
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<tr>
<td>USS HOLDER (DD/DDE 819 &amp; DE 401)</td>
<td>Sept. 23-27</td>
<td>(831) 458-9062</td>
<td><a href="mailto:ussholder_dd819@hotmail.com">ussholder_dd819@hotmail.com</a>, ussholder.com</td>
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PUTTING A REUNION TOGETHER?

You can submit your upcoming reunion to Shift Colors via email at this link:

Shift Colors

Include: Ship name (hull number), squadron name and number, facility or group name; reunion dates; point of contact phone number and email address; and if available, a website address for your group. To ensure it gets posted on the Shift Colors webpage, please send as soon as details are finalized.

www.shiftcolors.navy.mil
Retired Activities Office Phone Listing

Not all Fleet and Family Support Centers (FFSC) have Retired Activities Offices (RAO). If your RAO is not listed, please call your FFSC and ask if they provide a RAO service. Please call the RAO telephone number listed to confirm services provided.

**Note:** If you are a retired member of the Marine Corps, please call the marine corps retirement services customer service center at 1-800-242-1478 for a location near you.

**NOTE:** Locations listed with **★** need volunteers.

### Navy & Joint RAOs

#### Arizona
- **Naval Air Weapons Station**
  - Naval Air Station, Jacksonville
  - Florida: 6180 Jacksonville Blvd.
  - Milwaukee: 1380 E. 36th St.
  - Denver: 5770 S. Wadsworth Blvd.
  - Colorado: 85th St. & S. Wadsworth Blvd.
  - Washington: 4710 S. 33rd St.
  - San Diego: 1111 Navy Blvd.
  - Oklahoma: 1420 NW 1st St.
  - California: 2222 W. Colorado Blvd.
  - Nevada: 1900 W. 2nd St.
  - Texas: 6700 Tarrant Pkway
  - Ohio: 3500 W. 35th St.
  - New York: 3000 West 3rd St.
  - Oregon: 1000 S. 10th Ave.
  - Washington: 1040 N.E. 33rd St.
  - North Carolina: 300 South St.
  - Georgia: 301 Scott St.
  - Louisiana: 3000 Legion Rd.
  - Pennsylvania: 1100 S. 10th Ave.
  - Missouri: 3000 S. 10th Ave.
  - South Carolina: 3000 S. 10th Ave.
  - Florida: 3000 S. 10th Ave.
  - Arkansas: 3000 S. 10th Ave.
  - Massachusetts: 3000 S. 10th Ave.
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  - New Jersey: 3000 S. 10th Ave.
  - Ohio: 3000 S. 10th Ave.
  - Wisconsin: 3000 S. 10th Ave.
  - Indiana: 3000 S. 10th Ave.
  - Alabama: 3000 S. 10th Ave.
  - Texas: 3000 S. 10th Ave.
  - Oklahoma: 3000 S. 10th Ave.
  - Louisiana: 3000 S. 10th Ave.
  - Arkansas: 3000 S. 10th Ave.
  - Massachusetts: 3000 S. 10th Ave.
  - Virginia: 3000 S. 10th Ave.
  - Maryland: 3000 S. 10th Ave.
  - District of Columbia: 3000 S. 10th Ave.
  - Delaware: 3000 S. 10th Ave.
  - Pennsylvania: 3000 S. 10th Ave.
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NAPLES, Italy – Master-at-Arms 3rd Class James Lingenfelter works with military working dog MLE during his temporary stay in the Naval Support Activity Naples kennels. MLE is a military working dog from the U.S. in transit to Naval Support Activity Bahrain to help support the security operations in Navy Region Europe, Africa, and Central Command areas of operations. (Navy photo by Mass Communication Specialist 2nd Class Alora R. Blosch)