

Steel Valley Dolphins

June 2018



The official newsletter of the
USS Requin Base of the USSVI
Pittsburgh, Pennsylvania

USSVI Creed:

"To perpetuate the memory of our shipmates who gave their lives in the pursuit of duties while serving their country. That their dedication, deeds, and supreme sacrifice be a constant source of motivation toward greater accomplishments. Pledge loyalty and patriotism to the United States of America and its Constitution."



Meetings held on the second Saturday of the month normally in BADen at the American Legion Post and quarterly meetings held around our membership area.

- **Make a difference, get to a meeting!**

----- Pride Runs Deep -----

Next Meeting: 1200 14 July 2018 at River Forest Country Club, 1 River Landing Freeport, Pa 16629

2017 USS Requin Base Officers

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----- Pride Runs Deep -----



Binnacle List

Aaron Ellis
Carls Sigers' Mother
Sally Smith



COMMANDERS COLUMN:

Our last base meeting was one of our Traveling Meetings, which was held in Columbiana, Ohio. The American Legion welcomed us with open arms. There were over thirty-five (35) shipmates and first mates in attendance. This meeting was our annual "PICNIC" meeting. Columbiana is less than an hour away from Pittsburgh. It was another great meeting and my hat is off to the shipmates who attended and added so much to a very interesting meeting.

The reason that we have traveling meeting, is that the base shipmates who can't come to the meetings in Pittsburgh, will have the opportunity to enjoy a meeting and meet the rest of the shipmates.

We had great discussions which included the base voting to donate to the Thresher Memorial Fund. The memorial will be placed at the Arlington National Cemetery. We also made final plans for our trip to Groton, to visit the USS Pittsburgh SSN720, before she goes on her next patrol, which may be her last. (Pictures and details will be in the next SVD issue).

Our Captain Tom gave a report on his inter-actions of active duty sailors on his visit to Charleston and the MTS – James Monroe. He assured us that we are in good hands with these fine sailors.

KUDOS – to shipmate Cherock who designed a multimillion-dollar dog breeding and training facility in Robinson, Washington, County. The name of the facility is "Guardian Angels Medical Service Dogs Inc."

Sally Smith had a very successful heart operation. She was up and walking the same day and was back home within days.

The question was asked "Why do we have traveling meetings"? The original reason was for the base to travel to the surrounding areas to visit our shipmates who can't travel to our local base meetings. Over the years this was much appreciated by our older shipmates who are not able to travel and it was great to share camaraderie amongst the shipmates of the base. We have traveled to Dawson, Pa over the years. A few weeks ago, PHILS NITE CLUB, burned to the ground. The restaurant was owned by shipmate Phil Elias, who is a member of the base. All that was saved, was the American Flag hanging above the door. He always treated us like we were still his shipmates on the boat. The fire made national news on FOX!

In Columbiana, ONLY one local shipmate came to the meeting. We will be discussing future traveling meetings. If any member wants to host a traveling meeting – Please let me know! We like to have a North-South-East-West meetings. The remaining meetings for this year will be in Freeport, Pa and New Castle, Pa. Our next base meeting will be held in Freeport, Pa on July 14! Reservations have to be made by the 4th of July..... An e-mail will be sent out with info, on June 25th. Please contact Sally Smith at smithjs1@consolidated.net or 724-664-1235 and copy me when you notify Sally that you will be going to the meeting.

NEXT BASE MEETING:

Where: River Forest Country Club – 1 River Landing, Freeport, Pa 16229 (good for GPS)

When: Saturday, July 14, 2018

Menu: Buffet – Chicken Parm, Penne with Marinara, Vegetable-Salad-Rolls-Coffee-Tea

Base will run a tab for soft drinks

Dessert – Tino and Sally will provide dessert. Anyone can bring in snacks.

Cost: \$14.00 per person, which includes Tax and Gratuity.

We must leave the premises by 15:15

Contact: Sally Smith – 724-664-1235 (smithjs1@consolidated.net)

PARADES

Canonsburg – July 4th – 10:00 -Muster 09:00

Leetsdale – July 4th – 14:00 – Muster 13:00

BIRTHDAYS

MEMBERS:

BEACHLER, James 7/14/44
CHEROCK, Mike 7/31/71
DAVENPORT, Kato 7/14/36
GOURLEY, Robert 7/26/42
GREENLEE, Bill 7/22/39
GREENWALK, Eric 7/22/39
HAMIL, Lou 7/28/62
HOUP, Eric 7/03/78
LASHER, James 7/27/27
LUCAS, Ron 7/27/27
MORGAN, Ed 7/09/45
SCHWERTFEGGER, C 7/31/23
SHAL, Chris 7/02/53
SIMON, Jeff 7/01/53
VonRabenau, Paris 7/22/43
WELTS, Robert 7/01/43

SPOUSES

Davis, Betsy 7/26
Guntang, Joan 7/01
Keller, Carol 7/13
Mack, Vivian 7/07
Nelson, Pat 7/01
Nicotra, Rose 7/11
Schwarz, Sondra 7/15
Shal, Ruth Ann 7/02
Sipes, Holly 7/23
Simon, Eileen 7/22
Renzilli, Marie 7/12
VonRabenau, Linda 7/21

ANNIVERSARIES

Beachler, James/Jennifer 7/21
Bright, Don/Dorothy 7/29
Bushko, Greg/Gwen 7/14
Campbell, Ron/Nita 7/12
Farina, Reno/Barbara 7/15
Galloway, Major/Loretta 7/23
Lindsay, Bob/Sandra 7/20
McCarthy, Rich/Rosemary 7/30
Nunnery, Doug/Sue 7/22
Tripp, Eber/Lois 7/31
Wassenberg, Paul/Loretta 7/23
Wykoff, Mike/Tina 7/09

ANY CORRECTIONS – ADDITIONS – DELETIONS – Please advise



~ Richard (Dick) Hawley Geyer – Commercial Diving Legacy ~

Active for 57-Years from 1960 to 2017: U.S. Navy Diver – U.S. Navy Submarine Sailor – Founder/Owner of Commercial Diving Company - Master Instructor MI-771 - Over 5,000 Working Dives – Commercial Diving “Hall OF Fame”.

During his last Commercial Working Dive – Master Instructor Dick Geyer was age 74-years, 6-days Wednesday June 21st, 2017 occurred on his final Commercial Working Dive at Marietta, Ohio in the Ohio River serving as principle Master Instructor for a training program to develop Underwater Cutting & Welding in special skills for working divers with U.S. Army Corps of Engineers, Huntington District personnel.

Traumatic Brain Injury Update 69 ► Current Migraine Treatments Inadequate

Traumatic brain injuries, a frequent consequence of the wars in Iraq and Afghanistan, can lead to such debilitating symptoms as irritability, depression, insomnia, memory deficits—and post-traumatic headaches, which are similar to migraine headaches. Migraine is a potentially disabling disorder, causing severe headaches that can last days at a time and pose huge health care costs to the patient and society. A key component of migraines is photophobia, an extreme sensitivity to light. Photophobia can be so harmful that it may force people to wear sunglasses indoors.

Enter Dr. Levi Sowers, a principal investigator in the Center for the Prevention and Treatment of Visual Loss at the Iowa City VA Health Care System. Sowers is leading a study aimed at learning more about regions of the brain that may play a role in migraines and photophobia. He and his team have been focusing mostly on the posterior thalamus. It's just above the brain stem between the cerebral cortex and the midbrain. The main function of the posterior thalamus is to relay motor and sensory signals to the cerebral cortex. It's also a hub for light and headache pain. Sowers and his colleagues are taking things a step further by zeroing in on a molecule that's produced in nerve cells of the brain and spinal cord called calcitonin gene-related peptide (CGRP). It plays an important role in triggering migraine headaches.

The goal of the study is to understand more about how CGRP acts and to apply that knowledge to brain-stimulation techniques, which involve activating and deactivating areas of the brain with electrical, magnetic, or light stimulation. The hope is that precise targeting with stimulation will lower CGRP in the brain and thereby also ease photophobia and headaches.

Migraine headaches are a neurological disorder. Currently, nearly 40 million people suffer from migraines, which usually involve a severe throbbing pain on one side of the head. The dilation and constriction of blood vessels were once thought to be the main source of migraine pain. Now, migraine headaches are believed to be one symptom of a greater neurological disorder involving nerve pathways and brain chemicals that is called migraine. The Department of Defense and the Defense and Veterans Brain Injury Center estimate that 22 percent of combat casualties from Iraq and Afghanistan involve brain injuries, compared with 12 percent of Vietnam combat casualties. Up to 80 percent of service members who have other blast injuries may also have traumatic brain injuries.

In the future, Sowers plans to pursue research that explores the level of migraines in Vets with mild, moderate, and severe traumatic brain injury (TBI). Current treatments for post-traumatic headache and photophobia are inadequate due to a poor understanding of where CGRP acts in the body to induce headaches, Sowers says. Therapies don't reduce photophobia between episodes of headache. Successful reduction of light sensitivity in patients with post-traumatic headache may lessen patient discomfort between and during headache attacks, he adds.

"One of the big questions remaining in the headache field is where CGRP is acting to contribute to migraines," says Sowers, who is also a research scientist at the University of Iowa. "We hypothesized that CGRP in the posterior thalamus may play an important role in headache-related photophobia. We're also looking at other regions controlled by CGRP that could be involved with light-averse behavior. These regions can be targeted by stimulation techniques." He adds: "Every day, targeted brain stimulation methods are getting better and better. This could one day help Veterans. We're excited about what this holds for the future."

In addition to the posterior thalamus, Sowers and his team are looking at the amygdala, the hippocampus, and the cerebellum in relation to photophobia. Any of those regions could be targets for brain stimulation techniques, he says. "We believe if we can identify critical areas involved in photophobia, then any of these targeted approaches could one day be effective in treating migraine," Sowers says. "However, we need to first understand how these brain areas work during states of migraine or post-traumatic headache." The Food and Drug Administration (FDA) has approved certain types of brain stimulation to treat such disorders as anxiety, depression, epilepsy, obsessive-compulsive disorder, Parkinson's disease, and insomnia. But the FDA hasn't approved brain stimulation techniques for the treatment of TBI and PTSD.

Researchers stimulate nerve cells in mice. Thus far, in lab research, Sowers' team has identified brain regions that may be critical to photophobia in mice and has found pain and light sensitivity in the rodents that mimic migraines based on similar characteristics in humans.

That knowledge could apply to photophobia in people, Sowers says, noting that there are correlates between the brain regions in humans and mice. The researchers begin by subjecting the mice to blast-related injuries, the most common type of TBI in Veterans who have served in Iraq and Afghanistan. The team then measures the rodents' sensitivity to light through use of a light and dark box. The mice are allowed to move freely between a well-lit side of the box and a dark side of the box. The ones more sensitive to light spend more time on the dark side.

In the mice that are more light-sensitive, Sowers and his team are using a combination of genetic manipulation and light to affect the firing of neurons, or nerve cells. That process is known as optogenetics, a biological technique that involves the use of light to control cells in living tissue, typically neurons. It allows the researchers to target specific brain regions that they believe are involved in triggering post-traumatic headache and to change the firing of nerve cells in those regions. The process also gives the researchers "pinpoint control over the time when we stimulate the nerve cells and which ones we're stimulating in the brain," Sowers says. The researchers are trying to learn what neurons in a region like the posterior thalamus are doing. They stimulate the neurons by shining a light on that region via a fiber-optic probe that's inserted into the mouse's head. Both peripheral and central neurons produce CGRP.

Sowers explains that the investigators have thus far discovered axonal injury, or nerve damage, after blast-induced mild TBI in the posterior thalamus of the mice. "Axonal damage means the neurons are damaged, which can cause them to be easily excited," he says. "In theory, it could lead to light sensitivity in that particular brain region, or heightened sensitivity to pain and other sensory signals in that brain region." Sowers hopes he and others in the medical community can someday use optogenetics to target human brain regions that are involved in triggering post-traumatic headache. "That would be really cool," he says. "In fact, this optogenetic technique has already been used in nonhuman primates. We're still many years away from being able to do specific targeting in people. But the goal is when we stimulate these brain regions that correlate with a human then we can go back and possibly target these regions with what we now have to hopefully treat migraine or post-traumatic headache." He and his team hope to publish results later this year.

Work could also yield insights on PTSD, epilepsy Sowers' work falls under the umbrella of an RR&D grant that has multiple aims related to understanding posttraumatic headache and migraines in Veterans with TBI. In another phase of the grant, he'll be a senior co-author on a paper in which scientists probed a preclinical model of pain induced by CGRP. They specifically looked at how the molecule is playing a role in spontaneous headache pain in mice, which is facial grimacing, and whether or not that pain can be treated with anti-migraine drugs. In an extension of that research, the scientists are injecting CGRP into mice with brain injuries to learn if such trauma makes them more susceptible to migraines and if TBI increases the amount of CGRP in a mouse. The researchers are then testing an antibody that is supposed to attack the CGRP and control light-sensitivity. The antibody is similar to a new class of anti-migraine drugs called the CGRP monoclonal antibody. The FDA recently approved the first in this series called erenumab (sold as Aimovig).

"The drugs we are using look very promising in mice," Sowers says. "It's possible that they could be very promising to treat the pain of post-traumatic headache." In addition to post-traumatic headache and migraines, Sowers believes his research may ultimately lead to a better understanding of mental health disorders, such as PTSD, and neurological diseases, such as epilepsy. "Veterans with migraine headaches have a strong correlation with PTSD," Sowers says. "So perhaps insights that we find in our studies of migraines and post-traumatic headache in mice could translate to PTSD research. Also, a number of the brain regions we're looking at are important for epileptic seizures. So if we understand what CGRP is doing in migraines, perhaps we can use that knowledge to treat or understand other neurological or mental health disorders."

[Source: Vantage Point | Mike Richman | June 1, 2018 ++]

TRICARE User Fees Update 102 ► Under Age 65 Retirees Could See Major Fee Hike

Some military families would see some co-pays decrease under a Senate proposal to change the Tricare fee structure, but retirees under age 65 would see a major fee hike. Working-age retirees now pay no enrollment fees to join Tricare Select. The proposal would create a \$450 annual enrollment fee for an individual and a \$900 annual enrollment fee for a family, in addition to a new out-of-network deductible for this coverage group that could cost retirees even more. Retirees in Tricare Prime would see their enrollment fee increase to \$350 per individual, from the current \$289.08, or to \$700 per family, from the current \$578.16.

"Our concern is that in the course of a year this would be the second major Tricare hike for retirees under age 65," said Kathy Beasley, a retired Navy captain who is director of government relations for health care for The Military Officers Association of America. This proposal doesn't affect military retirees and their family members age 65 and older, who are in Tricare for Life. Active-duty families and working-age retirees/families could see some co-pays decrease, Beasley said, although not enough to offset the increase in enrollment fees for retirees. The proposal, which is included in the Senate version of the defense authorization bill, was designed to fix a problem that caused higher co-pays for those eligible for Tricare before Jan. 1, when many of the Tricare reforms took effect.

The bill will go before the Senate for a vote, and the provision would then be considered in conference with House lawmakers. In its current form, if approved, the new cost structure would take effect Jan. 1, 2019. "This provision would correct an inequity in the Tricare benefit among beneficiaries by establishing a single co-payment structure applicable to all Tricare beneficiaries," stated a report accompanying the bill text. Senate Armed Services Committee members stated they were aware that those who were already in Tricare before the reform took effect in January were paying higher co-payments than beneficiaries who entered the military after 1 JAN. But this provision doesn't fix the overall problems with the new, higher co-pays introduced in January, said Karen Ruedisueli, government relations deputy director for the National Military Family Association.

Instead, it "just increases overall out-of-pocket costs by hiking up retiree enrollment fees and the catastrophic cap while creating a new non-network deductible — cost increases we've always opposed since Congress mandated them for new entrants and their families." Working-age retirees and their families in Tricare Select would also be subject to a new out-of-network deductible of \$300 for individuals and \$600 for families — which has to be met before Tricare begins paying its share of medical bills. "We are particularly disappointed [the proposal] doesn't fix the unreasonably high co-pays for the physical, speech, occupational and mental health therapies — co-pays so high, we are concerned that families won't follow recommended treatment plans," Ruedisueli said.

"After months of problems with the Tricare contract transitions, including disruptions in care, network problems, and customer service nightmares, it is outrageous to ask families to pay more out-of-pocket," Ruedisueli said. "The Tricare fee increases which took effect on 1 JAN were disproportionately high and broke faith with currently serving families and those who have served full careers," Beasley said.

"The addition of these new Senate-proposed fee increases do nothing but place a more disproportionate burden on military beneficiaries." The provision would benefit the Defense Department by lowering health care costs by about \$2.8 billion over the period between 2020 and 2023, according to a cost estimate from the Congressional Budget Office. (CBO assumes this legislation wouldn't be enacted in time to affect fees and enrollments for 2019.) CBO estimates that the average out-of-pocket cost for those in Tricare Select would be about \$570 for individual retirees and \$1,645 for those with families.

For those enrolled in Tricare before 1 JAN, the proposal would cut some in-network co-pays in the current fee schedule in Tricare Select. Some examples: □ Primary care outpatient visits would decrease from \$21 to \$15 for active-duty family members, and from \$28 to \$25 for retirees and their families.

□ Specialty care outpatient visits would decrease from \$31 to \$25 for active-duty families, and from \$41 to \$40 for retirees and their families. □ Emergency services would decrease from \$81 to \$40 for active-duty families, and from \$109 to \$80 for retirees and their families.

[Source: MilitaryTimes | Karen Jowers | June 13, 2018 ++] TRICARE Medication Machines

► Use Easy As Withdrawal From an ATM

Picking up a prescription could soon be as easy as making a withdrawal from an ATM. The Defense Health Agency's TRICARE division is exploring machines developed by MedAvail that could dispense prescription medication. The company is piloting several machines, and military health officials say they are monitoring their progress. "It could be a game-changer," said Kathy Beasley, director of health affairs for the Military Officers Association of America and a retired captain in the Navy. "It's worth trying." Here are the highlights on this emerging technology:

Question: How do these machines work? Answer: MedCenter machines are self-service, pharmacist-supported, kiosk pharmacies. The machines were developed by MedAvail, a healthcare technology company that works with Express Scripts. TRICARE members use Express Scripts to obtain their medications.

Q: When could TRICARE members use the machines? A: Machine use is in the pilot-testing phase, so it could be a long time. The Defense Health Agency wants to ensure the machines are safe, fast and accurate for its users.

Q: Will it safeguard my personal information? A: The machines safely and securely dispense medication in about 90 seconds. They accept handwritten and electronic prescriptions.

Q: What if I have questions when picking up a prescription? A: The machines are supported by a multilingual pharmacist service 24/7 through a private audio-visual communication system built into the machine. The licensed pharmacists review your medical history, allergy concerns, potential interactions with other drugs and patient counseling.

Q: What types of medications are available?

A: MedCenter dispenses chronic, acute and over-the-counter medications under the supervision of licensed pharmacists. Some examples are medications for cholesterol, antibiotics and acid reflux.

Q: What types of medications aren't available? A: The MedCenter machines would not carry any controlled substance and any medication that requires refrigeration or special handling. Some examples are methadone, Demerol, OxyContin, morphine, codeine and Adderall.

Q: Are these machines already used in the U.S.? A: Yes. There are six pilot MedCenter machines being tested in Phoenix and Tucson, with plans to expand to 15 by the end of the year. Illinois is next on the list for expansion.

[Source: MOAA Newsletter | Amanda Dolasinski | June 12, 2018 ++]

Aging Update 03 ► Impact on Brain & Thinking

The brain controls many aspects of thinking—remembering, planning and organizing, making decisions, and much more. These cognitive abilities affect how well we do and whether we can live independently. Some changes in thinking are common as people get older. For example, older adults may have: ☐ Increased difficulty finding words and recalling names ☐ More problems with multi-tasking ☐ Mild decreases in the ability to pay attention Aging may also bring positive cognitive changes. People often have more knowledge and insight from a lifetime of experiences. Research shows that older adults can still: ☐ Learn new things ☐ Create new memories ☐ Improve vocabulary and language skills

As a person gets older, changes occur in all parts of the body, including the brain. Certain parts of the brain shrink, especially those important to learning and other complex mental activities. In certain brain regions, communication between neurons (nerve cells) can be reduced. Blood flow in the brain may also decrease and inflammation, which occurs when the body responds to an injury or disease, may increase. These changes in the brain can affect mental function, even in healthy older people. For example, some older adults find that they don't do as well as younger people on complex memory or learning tests. Given enough time, though, they can do as well. There is growing evidence that the brain remains "plastic"—able to adapt to new challenges and tasks—as people age.

It is not clear why some people think well as they get older while others do not. One possible reason is "cognitive reserve," the brain's ability to work well even when some part of it is disrupted. People with more education seem to have more cognitive reserve than others. Some brain changes, like those associated with Alzheimer's disease, are NOT a normal part of aging. Talk with your healthcare provider if you are concerned.

The brain is complex and has many specialized parts. For example, the two halves of the brain, called cerebral hemispheres, are responsible for intelligence. The cerebral hemispheres have an outer layer called the cerebral cortex. This region, the brain's "gray matter," is where the brain processes sensory information, such as what we see and hear. The cerebral cortex also controls movement and regulates functions such as thinking, learning, and remembering. For more information about parts of the brain, see Know Your Brain from the National Institute of Neurological Disorders and Stroke, part of the National Institutes of Health.

The healthy human brain contains many different types of cells. Neurons are nerve cells that process and send information throughout the brain, and from the brain to the muscles and organs of the body. The ability of neurons to function and survive depends on three important processes:

☐ Communication. When a neuron receives signals from other neurons, it generates an electrical charge. This charge travels to the synapse, a tiny gap where chemicals called neurotransmitters are released and move across to another neuron. ☐ Metabolism. This process involves all chemical reactions that take place in a cell to support its survival and function. These reactions require oxygen and glucose, which are carried in blood flowing through the brain. ☐ Repair, remodeling, and regeneration. Neurons live a long time—more than 100 years in humans. As a result, they must constantly maintain and repair themselves. In addition, some brain regions continue to make new neurons.

Other types of brain cells, called glial cells, play critical roles in supporting neurons. In addition, the brain has an enormous network of blood vessels. Although the brain is only 2 percent of the body's weight, it receives 20 percent of the body's blood supply. [Source: National Institute on Aging | Cognitive Health | May 17, 2017 ++]

TMOP Update 26 ► TRICARE Mail Order Pharmacy Payment Guidelines

1. How do I pay for my prescription order? ☐ Online Orders: Payment by check card or credit card is the preferred method for online orders. We accept Visa, MasterCard, American Express and Discover. To order a refill or print a prescription order form using this website, provide your check card or credit card information or choose to be billed later. To add, update or change your debit or credit card select Edit Patient Information section under the Account Settings in the menu. ☐ Order Forms: If you are using an order form received through the mail or from your plan sponsor, we will automatically charge the debit or credit card you have on file once the order is shipped. If you do not have a card on file, you will be mailed a bill that you can pay with a debit or credit card or personal check.

2. What is a copayment? A copayment is a fixed-dollar amount paid by a beneficiary for a prescription drug. The copayment cost is determined by the drug coverage guidelines of TRICARE Pharmacy Home Delivery. Copayments are the most common form of out-of-pocket expense for prescription drugs. You can use the TRICARE Formulary Search tool to learn more about your prescription costs.

3. How much are my copayments? For copayment information, view your benefit details or refer to your benefit packet.

4. Why was I charged a non-formulary copayment for a generic drug? Occasionally, some medications that are classified as generics may be considered non-formulary. In this case, the copayment amount depends on whether the evidence of medical necessity is approved. If the evidence of medical necessity is not approved, non-formulary generics will be subject to the non-formulary copayment. If the evidence of medical necessity is approved, nonformulary generics will be covered for the formulary (brand) copayment.

5. Who do I contact with billing questions? If you have billing questions, call 877.363.1303, and a patient care advocate will be happy to assist you.

6. How much do I pay for each prescription? You can use our Price a Medication feature under Prescriptions in the menu to see how much you'll pay for a specific drug.

7. How can I change the payment information for my account? If you have a debit or credit card on file, it will be your default payment type until it expires. You can update which debit or credit card appears as your default payment type by changing your Payment Information under Account.

[Source: <https://www.express-scripts.com/TRICARE/faq/qanda.shtml> | April 2018 ++]

Medicare Drug Procurement Update 01 ► 62% Surge In spending

Medicare spending on prescription drugs has surged in recent years, despite a drop in the number of prescriptions, according to a new report. The report from the Department of Health and Human Services (HHS) inspector general finds that Medicare Part D spending for brand-name drugs rose by 62 percent from 2011 to 2015, from \$49 billion to \$80 billion. That is after accounting for discounts that drug companies provide and that they often cite as crucial to deflecting the rising costs of drugs. The number of prescriptions, though, fell 17 percent in the same time period, indicating price increases, not an increase in usage of drugs, is the issue.

Advocates seized on the report to argue that rising drug prices are doing real damage. "Today's report from the HHS Inspector General makes it clear that list price increases on brand drugs are hurting patients," said David Mitchell, founder of the advocacy group Patients for Affordable Drugs. "I heard this weekend from a California woman who reports she pays \$500 — nearly half of her \$1,200 per month income — to cover two maintenance drugs. We need action to lower pharma list prices now." The report also found that unit costs for drugs rose 29 percent from 2011 to 2015, six times faster than inflation. Medicare enrollees' average out of pocket costs per brand name drug rose from \$161 to \$225 in that time period, an increase of 40 percent.

The report comes as the Trump administration is ramping up efforts to fight high drug prices. Democrats, though, have criticized the administration's proposals for being too soft on drug companies and leaving out more sw

Requin Base Meeting Minutes

June 16, 2018

Columbiana OH

Base Commander Huey Dietrich called the meeting to order.

Attendees: Eric & Marge Bookmiller, Lee & Patsy Bookwalter, Clair & Nancy Bouts, George Brown, Tom & Deneen Calabrese, Ron Campbell, Joe Campisi, Huey & Edie Dietrich, Rick Elster, Lou Hamill, Charles Loshkosh Bat & Kim Masterson, Jim Messer, Bob & Judy Myers, Frank Nicotra, Mike Pellegrino, Chip & Sharon Porter, Jeff & Eileen Simon, Carl Stigers, Jack Sutherin, Chad Underkoffler, Mike & Tina Wyckoff

Base Commander Huey Dietrich: Quotes of the day: "Helm Bridge. Why are you 60 degrees off course? Coming back from 90 degrees sir"

History of the Requin: June 3rd following shakedown off the New England coast, USS Requin departed Portsmouth New Hampshire in route to Hawaii. June 30, 1949 soon after her return to New London CT, Requin was transferred to Norfolk VA for duty with Subron 6. Into the spring of 1950 she operated in the western Atlantic ranging from Nova Scotia to the West Indies. From June to August 1959, the Charleston Shipyard in South Carolina removed all Requin's radar equipment making her more streamline. June 29, 1968 Requin was reclassified as AGS-481. June 30, 1971 Requin was reclassified as IXSS-481. June 17, 1972 Requin was transferred to Tampa Florida as a tourist attraction. She remained in the role until 1986 when she was closed down due to a lack of funding and support. For four years she remained abandoned at the pier.

Base Commander Huey Dietrich: Let us at this time, with a moment of silent prayer, remember our Shipmates who made the supreme sacrifice that we may gather here in Peace. We dedicate this meeting to our Shipmates on Eternal Patrol, to perpetuate their memories in our lives and to honor our Shipmates on active duty in the service of the first line of defense of our Nation.

Boats Lost:

USS HERRING (SS 233)	June 1, 1944
USS R 12 (SS 89)	June 12, 1943
USS GOLET (SS 361)	June 14, 1944
USS BONEFISH (SS 223)	June 18, 1945
USS S 27 (SS 132)	June 19, 1942
USS O-9 (SS 70)	June 20, 1941
USS RUNNER (SS 275)	June 26, 1943

We also remember our departed shipmate of the Requin Base Bill Britt and George Heron. Let us also remember the brave submariners who died performing their duties aboard submarines, some individually and some in groups, but where the submarine itself was not lost.

Chaplain Carl Stigers gave the Invocation.
Chief Of The Boat Chip Porter led the Base in the Pledge of Allegiance.
Members introduced themselves and the boats they qualified on.

Base Secretary Jeff Simon reported that Minutes of the previous meeting were published in the SVD and on the Requin Base website. With no objections, the minutes will stand as published.

Treasurer Lee Bookwalter gave an accounting of base assets, expenditures, and deposits which was approved by the members present.

Other Reports:

Binnacle List: Sally Smith and Ms. Stigers

Membership stands at 186

Storekeeper Frank Nicotra reported on available small stores at the meeting and online (RequinBase.org).

Memorials, Parades And Ceremonies:

Canonsburg parade – Wednesday July 4, muster 0800 hours. Enter town from the Houston side.

Leetsdale parade – Wednesday July 4, muster 1300 hours

Washington parade – Saturday November 10, 1400 hours

Beaver Veterans Day parade – Sunday November 11, muster 0900 hours

Old Business:

None

New Business:

National has a new American Submariner Editor

Associate Membership has been re-instated

Base members will travel to Groton CT June 18-20 to deliver Terrible Towels to the USS Pittsburgh

Good Of The Order:

Fiancée to a sailor lost on the Thresher is working to honor him at the Ambridge High School he attended.

Motion to donate \$250 for the Thresher Memorial was approved by the members present.

Book raffle has earned at least \$117

Adjournment: The meeting was adjourned.

Next meeting: River Forest Country Club, Freeport PA at 1200 hours on July 14, 2018