Title: Veteran’s Services Advisory Board  
From: Veteran’s Agent  
Subject: Meeting Minutes

1. The forty-fourth meeting of the Veteran’s Services Advisory Board (VSAB) was called to order at 6:00 p.m., 20 Oct 2016, in the VSA office area.

2. **Members in attendance were:**
   - Mr. Ray Janke  
   - Mr. Vincent Viglione  
   - Selectman Archie Archible  
   - Mr. Bill McClure  
   - Mr. Bill Bowen  
   - Ms. Jan Jourdain  
   - Mr. Joe Currier

**Members Absent were:**
- Mr. Larry Raines  
- Mr. Robert Vigneault  
- Mr. Anthony McAvoy

3. **Old Business:**
   a. Selectman Archible briefed the ESGR program is still being worked (OPEN)  
   b. Mr. Janke is working the issue of notification procedures for town events being changed or cancelled with the Town Clerk’s office. Authorization code required for reverse 911 alerting system is being pursued. (OPEN)  
   c. Mr. Viglione stated that the flags on the Town Common and Town Hall would be changed prior to Veteran’s Day. (OPEN)  
   d. Upcoming Veterans Days activities and agenda, to include Sentinel article, were reviewed by members. Minor changes were made to include adding BHS, visiting third graders, Veteran’s event. (OPEN)

4. **New Business:**
   a. Mr. Archible stated four new names have been added to the Middle East War Memorial. (CLOSED)

5. **Public Input/Concerns/Comments:**
   a. None.

6. **Good of the VSAB:**
   a. Mr. Janke briefed on the attachments:  
      - Blended Military Retirement  
      - Social Security Tax/Benefits  
      - Hearing Aides
7. The meeting adjourned at 6:30 p.m. All documents that were provided during the meeting will be attached to the original minutes on file in the Town Clerk’s office. The next meeting will be held at the call of the chairman.

Vincent Viglione
VSAB Recording Secretary

Approved

[Signature]

Ray Janke
Veteran’s Service Agent
Co-Chairperson

Cc: Town Clerk
   Town Administrator
   Board of Selectmen
   Committee members
Veterans’ Services Advisory Board Meeting Notice

Meeting Date: 10-20-2016
Time: 6:00 pm
Location: Adjacent to Veterans’ Agents Office

Agenda:

#1 Old Business

#1a VSAB Statement of Support for ESGR Program update

#1b Memorial Day review/comments- Better communication options

#1c Town Common flagging for Veterans Day update

#2 New business

#2a Veterans Day planning/coordination for 2016

#2b Veterans Day press release review

#3 Public input/concerns

#4 Good of the VSAB
BELCHERTOWN PUBLIC SCHOOLS
APPLICATION FOR THE USE OF SCHOOL FACILITIES

   Cold Spring School ___ Jabish Brook Middle School ___ Central Office ___ Tadgell School ___

2. Date(s) Requested: 11-11-2016 Time: From 10:00AM To 12:30PM
   Time: From To

3. Areas To Be Used (Please Check)
   Auditorium X Classroom(s) ___ Kitchen ___ Large Gym ___ Other ___
   Cafeteria ___ Gymnasium ___ Library ___ Small Gym ___ All Purpose Room ___

4. Equipment Needed: PA SYSTEM, LARGE COFFEE POT, AUDIO VISUAL SUPPORT

5. Name of Organization Requesting Facility: BELCHERTOWN VETERANS' AGENT

   Person In Charge: RAYMOND J. JANKE - VETERANS' AGENT

   Address: (H) 350 ANKERST ROAD, BELCHERTOWN, MA 01007
            (W) 2 JARVIS ST, PO BOX 670, BELCHERTOWN, MA 01007-0670

   Telephone Number: (H) 413-323-0201
                     (W) 413-323-0909

   E-Mail Address: R.JANKE@BELCHERTOWN.ORG

6. Nature of Event (dance, meeting, etc.) VETERANS' DAY CEREMONY

7. Approximate percentage of attendees that are Belchertown residents: ≥95%

8. The person/organization agrees to return any equipment used in the same condition as it was issued. In the event damage occurs to this equipment, the person/organization agrees to its repair and/or replacement.

   The above-mentioned person/organization agrees in using the described facilities to pay the appropriate charges and to comply with all the regulations as described in the Facility Use Policy.

   The Central Office (323-0423) must be notified of all cancellations.

   Signature: RAYMOND J. JANKE Date: 10-18-2016

THERE IS NO SMOKING ON ANY SCHOOL PROPERTY

UNLESS EVENT IS SCHOOL OR TOWN SPONSORED, ALL INDIVIDUALS AND GROUPS ARE REQUIRED TO PROVIDE A CERTIFICATE OF GENERAL LIABILITY INSURANCE (MINIMUM LIMIT - $1,000,000) AT THE TIME OF THE REQUEST. TOWN OF BELCHERTOWN MUST BE NAMED AS ADDITIONAL INSURED ON CERTIFICATE.
VETERANS’ DAY CEREMONY

ORDER OF EVENTS

BELCHERTOWN HIGH SCHOOL VETERAN’S MEMORIAL AUDITORIUM

Friday, NOVEMBER 11, 2016

• 11:00 AM RINGING OF THE BELL
• POSTING OF THE COLORS
• “STAR SPANGLED BANNER” – CHCS Band directed by Mr. Jason Mosall
• INVOCATION PRAYER – Reverend Aida Irizarry-Fernandez Hope United Methodist Church
• PLEDGE OF ALLEGIANCE
• OPENING REMARKS – Ray Janke, Belchertown Veterans’ Agent
• Any Government Officials: XXX opening remarks
  • PRESENTATION OF SERVICE FLAGS
  • “AMAZING GRACE” – CHCS Chorus
    • PRESENTATION OF MIA FLAG
• Any Government Officials: XXX additional remarks
• “GOD BLESS AMERICA” – CHCS BAND
• KEYNOTE SPEAKER – Colonel Karen L. Magnus, 439th Mission Support Group Commander at Westover ARB
• “SALUTE TO AMERICA” Combined CHCS Band & CHORUS
• BENEDICTION – Reverend Aida Irizarry-Fernandez Hope United Methodist Church
• CLOSING REMARKS – Ray Janke
• RETRIEVAL OF COLORS

Estimated time of ceremony 45-60 minutes
VETERANS DAY PROGRAM
- 90-120 days in advance: send invitations to all government (federal, state, local) officials to attend.
- 60-90 days in advance: procure guest speaker. Coordinate with B’town HS/Superintendent re: need of auditorium, coffee (Large pol.), juice (5 gallon container), and janitorial cost...
- 30-60 days in advance: coordinate with B’town Police, EMS, A.L. Auxiliary for food distribution
- 1 and 2 weeks in advance: run articles in The Sentinel, Gazette, Republican. (TV stations too; channel 22, 40, and 5)

DAY’ PROGRAM
0900: Gathering at the Town common for a short ceremony.
0930: Start short ceremony at the Town common to remember and salute the veterans no longer present because of their supreme sacrifice. (Flag full staffed, short speech: Today we give thanks for the Veterans that gave their lives/are fallen...and, TAPS played)

AT BHS AUDITORIUM 11:11 a.m. SHARP—4 rings of bell

- MC—“Please stand and remove your hats”, commands “Present the Colors”, Colors, EXCEPT BRANCH FLAGS proceed (in formation at right shoulder arms) from rear of auditorium to station in formation in front of stage. Color Guard remains at attention at right shoulder arms.
- “STAR SPANGLED BANNER”-CHCS Band
- Opening prayer- Belchertown clergy
- MC- "Please join together in our Pledge of Allegiance"
- MC command "Secure the Colors". Colors placed in floor stands, Color Guard retires to seats. MC- "Please be seated"
- MC acknowledges dignitaries in attendance:
- MC opening statement
- Presentation and stationing of U.S. Military SERVICE FLAGS.
  - MC invites veterans in audience—“Today we join together as a family in thanks to those that answered the call of their country to serve in military service. At this time I would like to introduce some of these Americans. I ask that if you served in the service of the flag presented as its song begins, please stand, and remain standing, as the CHCS choir under the direction of Mr. Josh Guerraz sings “The Armed Forces Medley” and the service flags are stationed.”
  - Pause—MC—“Lest we forget- there is one more flag, please stand”
- MC invites audience to stand and join together in singing—“GOD BLESS AMERICA”
- MC “Please be seated”
- MC’s- introduction of CHCS band- under the direction of Mr. Jason Mosall praise/thanks
- MC introduces Guest speaker: Colonel Karen L. Magnus, 439th Mission Support Group Commander at Westover ARB
- MC Closing and thanks. Invitation to refreshments in cafeteria served by members of the Belchertown Veterans Council.
- Closing prayer- by Belchertown clergy
- MC--"Color Guard, station to Colors"
- MC—“retire the colors” (Color Guard depart auditorium with flags).
- Departing song by the CHCS choir.

Estimated time of ceremony 45-60 minutes
2016 Belchertown Veterans’ Day Events:

Belchertown Veterans’ Day Ceremony set for Friday, November 11, 2016

The Belchertown Veterans’ Agent announces the 2016 Veterans’ Day ceremonies will take place on Friday, November 11, 2016. The Town ceremony will start at 9:30 am taking place at the Town Common to honor the veterans who are memorialized there. At 11:00 am there will be a ceremony in Veterans’ Memorial Auditorium at Belchertown High School to honor all veterans. All citizens of Belchertown and the surrounding communities, especially all those who have served in the military and/or the merchant marines, are invited to attend to pay tribute to our veterans. The Jabish Brook and Chestnut Hill Community School Band and Chorus will perform. Guest speaker will be Colonel Karen L. Magnus, 439th Mission Support Group Commander at Westover ARB. Light refreshments will be served after the ceremony.

Veterans’ Day, originally Armistice Day, is a day established by the U.S. Congress as a national holiday to honor all Americans who have served in the U.S. military at any time, not just during a period of war. On this day Americans thank all living and deceased veterans for their sacrifices and service to their country.
The U.S. Uniformed Services Blended Retirement System

A Glance

By Shirla Thomas, Williams

Did you know you could be

**Continuous Pay:** Get your retirement pay for 20% of your active duty service. 20% of your active duty pay is multiplied by your years of service and rounded up to the nearest dollar. The amount is added to your retirement pay.

**Deferred Retirement Option (DRO):** If you're eligible, you may choose a DRO to receive retirement pay after you retire from active duty. Your retirement pay is based on your years of service and age at retirement.

**Key Factors:**
- Active duty service
- Age at retirement
- Years of service

**Advantages:**
- Continues your health and life insurance
- Continues your health and life insurance
- Continues your health and life insurance

**Disadvantages:**
- Continues your health and life insurance
- Continues your health and life insurance
- Continues your health and life insurance

**Summary:**
- Continuous Pay is a simple option for retirees.
- DRO offers flexibility for those who want to retire but don't want to retire immediately.

For more information, visit the U.S. Uniformed Services Blended Retirement System website.

**Contact Information:**
- Phone: 877-432-1355
- Email: BlendRetirement@usauas.mil

**Important Note:**
- Continuous Pay will continue to be offered after December 31, 2020.

**Eligible Soldiers:**
- Active duty soldiers
- National Guard soldiers
- Reservists
- Civilians working with the U.S. Uniformed Services Blended Retirement System

**Assistance:**
- Contact your nearest Human Resources Office for assistance.

**Additional Information:**
- Visit the U.S. Uniformed Services Blended Retirement System website for more information.

**Important Dates:**
- December 31, 2020 is the deadline for soldiers to choose Continuous Pay.
- April 1, 2021 is the deadline for soldiers to choose DRO.

**Key Terms:**
- Blended Retirement System
- Continuous Pay
- Deferred Retirement Option (DRO)
Top Social Security Tax Jumps 7% for 2017 and Benefits Rise Just 0.3%

The Social Security Administration announced today that more than 65 million recipients will get a 0.3% cost-of-living adjustment (COLA) in 2017, after getting no increase for inflation whatsoever in 2016. That translates into a $4 a month increase (from $1,286 to $1,300) for the average widow or widower and a $6 increase (from $2,254 to $2,260) for the average retired couple receiving benefits.

But that $4 or $6 won’t find its way into most retirees’ bank accounts. That’s because the average senior who has Medicare Part B premiums deducted from his or her monthly payments will find every penny of the COLA consumed by higher Medicare Part B premiums. (Seniors who are considered high income and those who purchase Part D Medicare drug coverage could well see their net benefits fall in 2017. Low income seniors whose premiums are paid by Medicaid should get a few dollars more. I’ll get to the complicated Medicare outlook later, after the new Social Security numbers.)

In sharp contrast to the tiny 0.3% benefits boost, the “wage base” on which Social Security taxes are imposed will jump 7.3% in 2017 to $127,200, up from $118,500 in 2016. That translates into a maximum of $7,888.40 withheld from a highly paid employee’s 2017 paychecks, or $539.40 more than the $7,347 deducted in 2016. (Workers and their employers each pay a 6.2% Social Security tax; the self-employed pay both sides of that tax.) The wage base increase affects about 12 million of the 173 million workers who pay Social Security taxes, the SSA said.

Now here’s a bit of good news: the amount Social Security recipients under age 66 can earn without having their benefits docked will also rise sharply in 2017. Recipients who are aged 62 through 65 in 2017 will be docked $1 in benefits for every $2 in earnings above $1,410 month (or $16,920 a year), up 7.6% from the $1,310 a month (or $15,720 a year) threshold for 2016 and 2015. A worker who turns 66 in 2017 can earn up to $37,400 a month before his or her birthday, without losing benefits, up 7.2% from a $34,900 threshold in 2016 and 2015. Above that threshold, the worker will lose $1 in benefits for each $2 earned. Social Security recipients can earn as much as they like without being docked by this “earnings test” once they reach the “full” or “normal” retirement age of 66.

The widely varying changes result from the interaction of various automatic provisions in the Social Security laws that have been layered on top of one another through the years. Since 1975, the Social Security COLA has been linked to the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W). The COLA is determined each October based on the CPI-W for the 12 months ended September 30, which was released by the Bureau of Labor Statistics this morning. To determine the 0.3% increase, the CPI-W was actually compared to the CPI-W for the year ended September 30th, 2014. That’s because last year, with energy prices falling, the CPI-W declined and Social Security benefits, which by law can’t be cut, were flat. (Advocates for the elderly argue that the CPI-W has understated recent cost of living increases for retirees, who spend less of their income on gas, but more on medical care. Vermont Senator Bernie Sanders immediately issued a press release saying that seniors deserve a bigger boost “to keep up with the skyrocketing cost of prescription drugs and health care.”)

Meanwhile, changes in the wage base for the Social Security tax and the earnings test for those under 66 are pegged to increases in average wages, which have been going up far faster than the CPI as workers have finally started making real income gains. While wages rose in 2015, the wage base and the earnings test amounts didn’t change, because the law also provides that neither of those can change in years when Social Security recipients don’t get a COLA. As a result, the large increase in both the top tax and the earnings test amounts reflects growth in average earnings for the past two years.

Yet another number that will increase (albeit modestly) in 2017: the maximum benefit payable for a single worker claiming Social Security at full retirement. It will rise 1.8% to $2,687 in 2017, up from $2,639 in 2016. That number actually fell in 2016, because of a bizarre interaction between the CPI and the wage base. In 2015, it was $2,683.

Now, for the Medicare Part B part, which is, believe it or not, even more confusing. First off, the actual Medicare Part B premiums for 2017 have yet to be announced. Still, we have some idea, based on government reports, of what will happen. By law, average recipients are supposed to pay 25% of the cost of Part B, which covers doctors and outpatient services, while high
income seniors are required to pay a larger share which rises with income. (High income, for the purposes of Medicare, is defined as having a modified adjusted gross income of more than $85,000 for a single or $170,000 for a couple.)

But under a separate “hold-harmless” provision of the law, Medicare Part B premiums, for those who aren’t high-income and who have those premiums deducted from their Social Security benefits, can’t increase more than their Social Security benefits do. In other words, a Medicare Part B increase can’t reduce their net Social Security benefits.

Since Social Security recipients got no COLA last year, the 70% of Medicare participants covered by the hold harmless provision are paying the same premium of $104.90 a month per person in 2016 that they did in 2015, even though their rate (without hold harmless) would have risen to about $120 a month. While the Center for Medicare & Medicaid Services has yet to announce the 2017 Part B premiums, anyone who was protected by the hold harmless provision will almost surely see his or her Medicare Part B premium rise in 2017 by the exact dollar amount his benefits increase. That’s because the Medicare Trustees have predicted that premiums (absent the hold harmless provision) will be about the same in 2017 as in 2016—in other words, about $120.

What about the unprotected 30%? They’re a diverse group, including the 6% of Medicare beneficiaries who pay high income surcharges; about 19% of Medicare recipients who are so poor that their premiums are covered by Medicaid; and the 5% who claimed Social Security for the first time in 2016, and thus weren’t held harmless because they couldn’t see their checks cut (since they had no checks in 2015). That unprotected group faced potential increases as high as 50% in 2016, in part to make up for what the 70% weren’t paying. But last October, Congress and the White House agreed on a two year budget deal that held those increases to 16% in 2016.

As a result the basic premium for those who weren’t held harmless rose to $121.80 for 2016. For high income folks, Medicare premiums for 2016 range from $170.50 to $389.80 per person a month, with the highest premium reached once MAGI exceeds $214,000 for a single or $428,000 for a couple. (Note that MAGI for determining 2016 premiums were based on 2014 tax returns. For 2017, it will be based on your 2015 return.)

What will happen to the 30% in 2017? That’s unclear. The 2015 budget deal protected them from carrying the burden of those held harmless in 2017, too, but only if there was not any COLA. An August analysis by the Congressional Research Service projected that with a very small COLA in 2017 (in other words, the kind that was just announced today) these seniors could be facing premium increases exceeding 22%, even if overall Medicare Part B costs are flat. (Note: those who first took Social Security in 2016 will be covered by hold harmless in 2017, but that won’t reduce the $121.80 they were already paying. Those who first claim Social Security in 2017 won’t be held harmless.)

What premiums the 30% actually end up paying could depend on whether Congress is feeling generous when it comes back to work for a lame duck session after the November 8th election.

As for the 41 million Medicare beneficiaries who are enrolled in Part D drug coverage plans, most opt to have their premiums deducted from Social Security, although it’s not automatic. The average Part D base premium is estimated to increase in 2017 by 4% to $35.63, with actual premiums varying widely by plan. In this program, too, those with higher incomes get a smaller subsidy and pay more. There is no hold harmless provision for Part D. (More details on drug premium increases are in this Kaiser Family Foundation report.)
NOW HEAR THIS

Baby boomers, who abused their ears with rock concerts and headphones, are surging into retirement. The hearing-assistance market is expanding, and this time the answer may not be a device—it may be a pill. BY JENNIFER ALSEVER

LISTEN UP, baby boomers (and others): Your damaged hearing may soon be improved—and it won’t require inserting a beige gismo in your ear. Advances in molecular biology and bioinformatics have led to an explosion of research on the causes of hearing loss and how to fix it with drugs or gene therapy.

A crop of young biotech companies is sprouting up to develop medicines. Last fall, Boston-based Third Rock Ventures launched a startup called Decibel with $52 million in funding. Eli Lilly made an undisclosed investment in Dutch hearing startup Audion. And Novartis signed a licensing deal worth up to $213 million with GenVec, which is testing a gene therapy. Other biotechs aiming to tackle hearing loss with pharmaceuticals include Otonomy, Auris, Antifony, and Frequency
HOW A BIOTECH TURNED A BUST INTO A HIT

How a ceiling transformed anti-addiction drug Vivitrol into a success.

The promise seemed huge. In 2005 a Boston biotech, Alkermes, developed a drug to fight addiction: Injected once a month, Vivitrol blocks brain receptors and prevents addicts from getting high. The FDA initially approved it to treat alcoholism. Sure, it was pricey—$1,100 a month—but it worked, Alkermes licensed the medication to an outside company, which enlisted 250 salespeople to push it to doctors. Sales flopped, and Richard Pops, Alkermes’s CEO, decided to end the licensing deal and have Alkermes sell the drug itself. Still, even when the FDA approved Vivitrol to fight opioid addiction in 2010, sales lagged. Analysts pushed Pops to drop the drug. He refused. Opioid use was surging, and when a Massachusetts sheriff inquired about using it to treat repeat drug offenders instead of imprisoning them, Pops modified his approach again. He decided to send his rep into the hearts of the Justice system. Alkermes sought the police, judges, parole officers, and social services officials who preferred treatment rather than incarceration. Alkermes connected to police in drug-remitting, and provided education on better access to the medication. (Addicts now get their first shot free.)

Word of mouth spread and 250 pilot programs launched nationwide, combining the injections with therapy and social services support. They were fueled by success stories like those in Hocking County, Ohio, where a drug court helped 90 people kick their addictions and get jobs. Officials are considering replicating the program statewide.

Vivitrol now makes up one-quarter of Alkermes’s $628 million in annual revenues. The company is still feeling money, but Vivitrol’s growth has boosted expectations. Says Jaferies analyst Biron Ann: “It definitely paid off.”

THE PROMISE

quiet the overexcitement of the signaling between nerve cells in the cochlea that is linked to tinnitus. Otonomy is also testing a steroid gel to treat Ménières disease, which causes debilitating vertigo, tinnitus, and hearing loss. Meanwhile, Boston-based Decibel is building on three decades of research by co-founder and Harvard otalaryngology professor Charles Liberman. His research shows that in cases of hearing loss, the ear’s nerve fibers become damaged before the hair cells do, and when those synapetic fibers reconnect to the hair cells, it’s possible to regain hearing. Now Decibel is working on ways to repair that connection. Says Liberman: “I’ve been studying this for a long time, and now there’s hope.” In time, that just may be music to millions of ears.
How Can You Help Seniors Age At Home?

First Ask What They Need, Then Help Them!

Here’s an idea: If you want to know how to help frail older adults age at home, start by asking them what’s important. Then, provide the assistance they need to help them reach their goals. Their challenges, and the solutions to them, are usually pretty straightforward—a grab bar in the shower to prevent falls, good nutrition and medication management, or a bit of physical or occupational therapy to relearn how to safely perform daily tasks. Now, a new study shows that such a program can dramatically improve people’s ability to function at home at a relatively low cost.

The program, called The Community Aging in Place, Advancing Better Living for Elders (CAPABLE), was developed by Sarah Szanton and her colleagues at the Johns Hopkins School of Nursing. With funding from the federal Medicare and Medicaid programs, Hopkins ran CAPABLE as demonstration from 2012-2015. Nearly 300 older adults participated in the experiment, which provided these services for five months.

A grab bar in the shower could help a frail senior stay at home. Now, in an article published in the journal Health Affairs, Szanton and other researchers from Johns Hopkins reported that the program significantly improved the ability of the participants to manage daily activities such as bathing, getting to the bathroom, eating, and dressing. At the beginning of the program, a typical participant needed help with four personal activities. By the end, she needed help with just two.

The cost of the five-month program? About $2,800 per participant, roughly equal to a week in a nursing home.

The key to the program was a care team that includes a nurse, an occupational therapist, and a handyman. You read that right. A handyman: The guy with the hammer and screwdriver who can install grab bars in mom’s bathroom or tighten up that wobbly railing beside the front walk. Not a medical specialist, who is trained in the latest techniques for treating heart disease or cancer. Not even a primary care physician, though she still plays an important role. A handyman.

It worked like this: First, a registered nurse helped the participant identify her top priorities, such as managing pain, or communicating with a doctor. The occupational therapist
helped identify functional goals, such as being able to take a shower. With the help of the handyman, the team took specific steps to help each participant achieve her goals. So, for instance, the occupational therapist may develop exercises to help with balance and the handyman would install those new grab bars.

As any frail older adult or their family caregivers can tell you, the key to staying at home successfully is often the ability to do daily activities without help. An intervention such as CAPABLE that makes it easier can make all the difference.

As the study's authors say, "The practical effect... can be life changing. For an older person who has difficulty getting out of bed, going to the toilet, getting dressed, and bathing, carrying out these functions with greater ease could enable him or her to continue living at home instead of having to move to an assisted living facility or nursing home."

The study has its limitations. It did not attempt to determine whether the program reduced nursing home stays or hospital visits. It will also take further research to know about the long-run effects of CAPABLE or how its participants do relative to similar people who were not in the program.

While CAPABLE was tested on a small group of mostly African-American women who lived in Baltimore, it may very well work with a more diverse population. Szanton and her colleagues say that managed care organizations and other medical providers are considering adopting the model.

I'm tempted to ask why it took four Johns Hopkins professors and a PhD candidate to conclude the obvious. But the reality is that few health systems or insurance companies deliver this kind of basic care. So perhaps it does take four professors, a PhD candidate, and a research report in a respected journal to convince insurers and providers to do the right thing.