



Hangar Flying Newsletter

A Publication of the JBLM McChord Field Retiree Activities Office for Air Force Retirees, their spouses and survivors. **Department of the Air Force, 100 Joe Jackson Blvd, Customer Service Mall Rm 1001, JBLM McChord Field WA 98438-1114; Phone (253) 982-3214 (Voice Mail 24 hours a day) Fax 253-982-5234. Email – retaffairs@us.af.mil Web Site www.mcchordrao.com Retiree Activities Office: Open 0900-1200 Monday - Friday**

JBLM TAX ASSISTANCE CENTER: The **JBLM Tax Assistance Center** opened on the 23rd of January, hours of operation are Monday – Friday: 0800 - 1800 and Saturday from 0900 - 1600. The tax Center is located building 2090 at South Division and Bitar Ave JBLM Lewis Main. You can make an appointment by calling 253-967-1040

Required Documents:

- Military ID
- Social Security Cards for ALL SSNs on return
- W-2 (Not LES) AND all relevant and applicable documents on income/expenses (Form 1099, 1098, etc.)
- Affordable Care Act Statements (1095-A, B, C)
- Prior year's tax return (for taxpayer's with rental properties)
- If applicable, special power of attorney (available at Legal Assistance Office)

Self-Help Kiosks: are available for those eligible for services with simple tax returns (wages, interest, dividends) filing single or married filing jointly

AARP Free Tax Assistance: Volunteers for AARP Foundation Tax-Aide are ready to help make sure that you get all the deductions and credits you deserve. AARP helps people in local communities with free tax services with no strings attached for persons age 50 and over. AARP will provide free tax preparation and electronic filing throughout the state. There's no fee and no sales pitch for other services and an AARP membership is not required. For more information and to locate an AARP Foundation Tax-Aide site near you, visit www.aarp.org/findtaxhelp or call 1-888-227-7669. AARP Foundation Tax-Aide is offered in conjunction with the IRS. (Source: AARP Foundation)

A message from myPay: MyPay users to protect your user credentials and not share with a third party. myPay is a U. S. Government (USG) Information System that is provided for USG-authorized use only. 18 U.S.C. Section 1030 prohibits unauthorized or fraudulent access to government computer systems. You are responsible for protecting your account from potential misuse and should not provide your user ID and password to any third party to gain access to your W2 information. Providing your myPay credentials could potentially expose your account to more access than what you expect. Remember, the instant you provide your credentials to a third party, you have given the keys to your account away and your security is potentially compromised. The myPay user is responsible for any resultant losses from sharing credentials and will not be reimbursed by the USG. Best advice, protect yourself. Do not share your myPay access credentials. Check whether you have authorized third party access to myPay information

Change passwords for any shared access information of this nature, and; Choose vigilance over minor convenience -- do not share your myPay access credentials with third parties. (Source: DFAS-SmartDocs)

New McChord Customer Service Mall hours: McChord Military Personnel Section services will now be provided for Walk-Ins 0730-1530 Mondays, Tuesdays, Thursdays & Fridays. The **MPS** will be open on Wednesdays for Appointments Only, no walk-ins. To schedule an appointment, click [here](#). For more information, email 2d Lt. Kaislie Duffy: kaislie.duffy.1@us.af.mil

TRICARE Continues to Expand Coverage: TRICARE constantly seeks to improve health care coverage. Effective December, 2016 TRICARE expanded coverage to include the care and treatment of beneficiaries requiring an auditory osseointegrated implant (AOI) to non-active duty family members, and they will also cover the services and supplies needed to diagnose and treat illness or injury of the urinary system.

AOI is a prosthetic device implanted in the skull to transmit sounds to the inner ear. They are used when needed for significant hearing conditions resulting from trauma, birth defects or disease.

Injuries to the urinary system can include a blunt force, e.g., most commonly motor vehicle crashes, falls, or sports injuries or a penetrating force, e.g., most commonly gunshot or stab wounds, or surgery. Injuries to the urinary tract often occur together with injuries to other organs, especially abdominal organs. Illnesses can include bladder disease or cancer, urinary tract infections and chronic kidney disease.

These additions to coverage are on the heels of TRICARES recently expanded [preventive services](#) and care for [congestive heart failure](#) under the TRICARE cardiac rehabilitation benefit.

For questions about all our [covered services](#), visit the TRICARE website. You can also visit the website to learn [how a benefit becomes covered](#). (Source: TRICARE Communications)

VA Study Finds EEG Can Help Tell Apart PTSD & Mild Traumatic Brain Injury

A recent VA study points to a possible breakthrough in differentiating between post-traumatic stress disorder (PTSD) and mild traumatic brain injury (mTBI), otherwise known as a concussion. The two disorders often carry similar symptoms, such as irritability, restlessness, hypersensitivity to stimulation, memory loss, fatigue and dizziness. Scientists have tried to distinguish between mTBI and PTSD in hopes of improving treatment options for Veterans, but many symptom-based studies have been inconclusive because the chronic effects of the two conditions are so similar. If someone is rating high on an mTBI scale, for example, that person may also rate high for PTSD symptoms.

The researchers used electroencephalogram, or EEG, a test that measures electrical activity in the brain. The size and direction of the brain waves can signal abnormalities. Analyzing a large set of EEGs given to military personnel from the wars in Iraq and Afghanistan, the researchers saw patterns of activity at different locations on the scalp for mTBI and PTSD. They saw brain waves moving slowly in opposite directions, likely coming from separate places in the brain. The researchers emphasize that these effects don't pinpoint a region in the brain where the disorders differ. Rather, they show a pattern that distinguishes the disorders when the EEG results are averaged among a large group.

“When you're looking at an EEG, you can't easily tell where in the brain signals associated with TBI and PTSD are coming from,” said Laura Manning Franke, Ph.D., the study's lead researcher and research psychologist at the Hunter Holmes McGuire VA Medical Center in Richmond, Virginia. “You get kind of a coarse measure – left, right, anterior, posterior. We had a different distribution, which suggests that different parts of the brain are involved. In order to determine what patterns are tracking their TBI and PTSD, you need an average to do that,” Franke added. The study linked mTBI with *increases* in low-frequency waves, especially in the prefrontal and right temporal regions of the brain, and PTSD with *decreases* in low-frequency waves, notably in the right temporoparietal region. (Continued on the next page)

The differences in the levels of the waves may explain some of the symptoms of the two disorders, suggesting a decline in responsiveness for someone with mTBI, for example, and more anxiety for someone with PTSD. Franke also noted that more low-frequency power has also been linked to cognitive disorders such as Alzheimer's disease and less low-frequency power to problems such as drug addiction. Additionally, spotting distinct patterns of mTBI and PTSD in separate parts of the brain is key for two reasons: the possibility these conditions can be confused with each other is reduced. That can help improve diagnosis and treatment and the patterns show that electrical activity appears to be affected long after combat-related mTBI, suggesting long-term changes in neural communication, the signaling between cells in the nervous system. "That could help, in part, explain the reason for persistent problems."

The study included 147 active-duty service members or Veterans who had been exposed to blasts in Iraq and Afghanistan. Of those, 115 had mTBI, which accounts for nearly 80 percent of all traumatic brain injuries. Forty of the participants had PTSD, and 35 had both conditions. Despite the new findings, Franke and her team believe more work is needed to better explain the differences in the patterns of both conditions in the brain's electrical activity. Researchers need to analyze the differences in scans from larger numbers of patients. Meanwhile, though, she said she hopes the research will play a role in helping medical professionals better diagnose someone's condition through an individual EEG—whether that person has PTSD, a brain injury, or a combination of the two. (*Source: Department of Veterans Affairs*)

VA Study Confirms High Cure Rates With New Hepatitis C Drugs

A Department of Veterans Affairs (VA) database study shows that new drug regimens for hepatitis C have resulted in "remarkably high" cure rates among patients in VA's national health care system. Of the more than 17,000 Veterans in the study, all chronically infected with the hepatitis C virus at baseline, 75 percent to 93 percent had no detectable levels of the disease in their blood for 12 or more weeks after the end of treatment. The therapy regimens lasted 8 to 24 weeks, depending on patient characteristics.

The VA researchers analyzed data from four subgroups of patients infected with hepatitis C—genotypes 1, 2, 3, and 4—and found that genotype 1 patients showed the highest cure rates and genotype 3 the lowest. Genotype 1 was by far the most common type of infection among the four subgroups.

The study group of more than 17,000 Veterans included more than 11,000 patients with confirmed or likely cirrhosis, a liver disease that can result from hepatitis C, among other causes. The study team found "surprisingly high" response rates of around 87 percent in this group.

The overall results were consistent with those from earlier clinical trials that led to FDA approval of the three new drug regimens in the study: sofosbuvir (SOF), ledipasvir/sofosbuvir (LDV/SOF) and paritaprevir/ ritonavir/ ombitasvir and dasabuvir (PrOD).

The drugs, introduced in 2013 and 2014, have been credited with revolutionizing hepatitis C treatment, which means a cure is now in reach for the vast majority of patients infected with the virus. Previously, using earlier drug regimens, most patients could expect, at best, only a 50 percent chance of a cure.

The new drug regimens examined in the study do not contain interferon, which has troublesome side effects such as fever, fatigue, and low blood counts. The newer drugs are considered far more tolerable than the older interferon-based antiviral regimens, although they are far more expensive.

The researchers extracted anonymous data on all patients in VA care who received HCV antiviral treatments between January 2014 and June 2015 using the VA Corporate Data Warehouse, a national, continually updated repository of data from VA's computerized patient records. (*Continued on the next page*)

The study's optimistic finding is a source of optimism for Veterans and others infected with the hepatitis C virus, according to coauthors Dr. Lauren Beste and Dr. George Ioannou, specialists in internal medicine and hepatology, respectively, with the VA Puget Sound Health Care System in Seattle.

According to the researchers, modern, direct-acting antiviral drugs for hepatitis C far outperform our older options in terms of efficacy and tolerability. With older drugs, most patients could not undergo antiviral treatment because they had contraindications or medication side effects. With newer options, almost anyone can safely undergo treatment for hepatitis C.

[VA research](#) continues to expand knowledge of the disease through scientific studies focused on effective care, screening, and health care delivery. Some studies look at particular groups of hepatitis C patients—for example, female Veterans, or those with complicated medical conditions in addition to hepatitis C.

For more information on VA care for hepatitis C, visit www.hepatitis.va.gov and www.hepatitis.va.gov/patient/hcv/index.asp. Information about the database study may be found in the September 2016 issue of the journal [Gastroenterology](#). (*Source: US Department of Veterans Affairs*)

Camp Lejeune: Past Water Contamination: From the 1950s through the 1980s, people living or working at the U.S. Marine Corps Base Camp Lejeune, North Carolina, were potentially exposed to drinking water contaminated with industrial solvents, benzene, and other chemicals.

VA has established a presumptive service connection for Veterans, Reservists, and National Guard members exposed to contaminants in the water supply at Camp Lejeune from August 1, 1953 through December 31, 1987 who later developed one of the following eight diseases:

- Adult leukemia
- Aplastic anemia and other myelodysplastic syndromes
- Bladder cancer
- Kidney cancer
- Liver cancer
- Multiple myeloma
- Non-Hodgkin's lymphoma
- Parkinson's disease

Presently, these conditions are the only ones for which there is sufficient scientific and medical evidence to support the creation of presumptions; however, VA will continue to review relevant information as it becomes available. The rule will become effective either 60 days after publication in the Federal Register, or following conclusion of the 60-day Congressional Review, whichever is later. Veterans who are experiencing other health conditions that they think may be related to contaminated water at Camp Lejeune are encouraged to contact their primary care provider and to file a claim. VA reviews and decides [disability compensation](#) claims on a case-by-case basis.

Camp Lejeune Families Act of 2012 In accordance with the 2012 Camp Lejeune health care law, VA provides cost-free health care for certain conditions to Veterans who served at least 30 days of active duty at Camp Lejeune from January 1, 1957 and December 31, 1987. (*Continued on the next page*)

Qualifying health conditions include:

Esophageal cancer

Breast cancer

Kidney cancer

Multiple myeloma

Renal toxicity

Female infertility

Scleroderma

Non-Hodgkin's lymphoma

Lung cancer

Bladder cancer

Leukemia

Myelodysplastic syndromes

Hepatic steatosis

Miscarriage

Neurobehavioral effects

Veterans eligible for health care under the 2012 Camp Lejeune health care law may enroll in VA health care and receive medical services for the 15 covered health conditions at no cost (including copayments).

Not yet enrolled in VA health care? [Apply online](#) or call 1-877-222-8387 for help. Inform VA staff that you served on active duty at Camp Lejeune for at least 30 days during the covered time period.

Family member health care reimbursement Family members of Veterans who also resided at Camp Lejeune during the qualifying period are eligible for reimbursement of out-of-pocket medical expenses related to the 15 covered health conditions. VA can only pay treatment costs that remain after payment from your other health plans.

What type of evidence can I submit with my application? Documentation showing dependent relationship to a Veteran who served at Camp Lejeune, such as marriage license or birth certificate Documentation showing you lived on the base for 30 days or more between Aug. 1, 1953 and Dec. 31, 1987 such as copies of orders or base housing records

You paid health care expenses for a covered condition respective to the following date ranges. If you lived on Camp Lejeune between January 1, 1957 and December 31, 1987, then you can be reimbursed for care that you received on or after August 6, 2012 If you lived on Camp Lejeune between August 1, 1953 and December 31, 1956, then you can be reimbursed for care that you received on or after December 16, 2014.

When evidence is not submitted, VA will use all relevant evidence from internal sources and the Department of Defense (DoD) to support your application. Please be aware it may take longer to review your application.

The Department of Veterans Affairs (VA): has announced exemptions to the federal hiring freeze in the President's memo dated January 23rd, 2017. The authorities outlined in the President's memo provide VA the ability to continue filling essential positions that provide public safety services to our Veterans. VA strongly believe that these exemptions are in line with the President's intent. (*Department of Veterans Affairs News Release*)

HELPFUL LINKS

To find your state representative:

<http://www.house.gov/representatives/>

To find your state senators:

<http://www.senate.gov>

To find the VA:

<http://www.va.gov>

To find DFAS:

<http://www.dfas.mil>

To find Tricare:

<http://www.tricare.mil>

To schedule appointment to renew ID Card

<https://rapids-appointments.dmdc.osd.mil>

Link to Retiree Publications

Army Echoes:

<http://soldierforlife.army.mil/retirement>

Navy Shift Colors:

www.shiftcolors.navy.mil

Air Force Afterburner:

www.retirees.af.mil/afterburner

Marine Corps Semper Fidelis:

www.usmc-mccs.org

Coast Guard Evening Colors:

<http://www.uscg.mil/hq/cg1/psc/ras>

List of businesses who give military discounts

<http://www.rather-be-shopping.com/blog/2014/05/29/veteran-military-discounts/>

VA benefits book available

The Federal Benefits for Veterans, Dependents & Survivors handbook is available – with 18 pages of new information. The book can be found at http://www.va.gov/opa/publications/benefits_book/2014_Federal_Benefits_for_Veterans_English.pdf.

Veterans Crisis Hotline

1-800-273-8255 press 1

Be a Volunteer at the RAO, If you have been looking for a fun, creative and rewarding way to stay involved in the McChord Military Retiree community, then volunteering is the answer. At the McChord Retiree Activities Office, you can easily join our volunteer staff. Hands on training will be provided and you will be working with a great team of volunteers who are military retirees and spouses who provide their time, skills, talents and wisdom towards helping the military community. For more information you can contact us at 253-982-3214

EDITOR'S NOTE:

Thank you for your support of the Hangar Flyer newsletter. If you have questions about anything pertaining to military retiree benefits and services, email us a; retaffairs@us.af.mil or call us at the RAO. Hours are 9 to 12 Monday through Friday. After 12 please leave a message and we will call you back. The phone number is 253-982-3214

Thank you,