



JEFFERSON BARRACKS SATELLITE RETIREE ACTIVITIES OFFICE NEWSWIRE January - February 2018

The Volunteer staff of the Jefferson Barracks Satellite Retiree Activities Office publishes this NEWSWIRE to inform all military retirees, spouses, widows, widowers and their families of changes to their benefits, the status of current legislation impacting their retirement, health related information, defense policies and other matters affecting their military rights, benefits and other obligations. It contains information about Scott AFB; Jefferson Barracks AFS and the local retired community.

SCHEDULE OF EVENTS FOR JANUARY - FEBRUARY

January 18, Thursday --- Monthly luncheon 1100 Hrs. **Joey B's Food & Drink** 189 Concord Plaza Shopping Center, St. Louis, MO (314) 843-2121. Concord Plaza at Lindbergh and Baptist Church Road in South County.

February 15, Thursday--- Monthly luncheon 1100 Hrs. **Firehouse Bar and Grill**, 34-500 Lemay Ferry Road (1/2 Mile north of Lindbergh). 314-892-6903. www.firehousebarandgrillstl.com

Retiree Annual COLAs Update 04 - FY 2017 | CPI Impact

Source: MOAA Legislative Update

The final COLA for the 2017 fiscal year is 2 percent. This means retired pay will be increased by 2 percent starting in January of 2018. In other words, you will see a \$20 increase for every \$1000 of retired pay received. The final COLA is determined by comparing the average CPI of the final three months of the fiscal year to the same quarter of the prior year.

The Consumer Price Index (CPI) is a measure of the average change over time in the prices paid by urban consumers from around the country for a market basket of consumer goods and services. The market basket includes the prices of food, clothing, shelter, and fuels, transportation fares, charges for doctors' dentists' services, drugs, and other things people buy for day-to-day living. Prices are collected from about 50,000 housing units and approximately 23,000 retail establishments - department stores, supermarkets, hospitals, filling stations, and other types of stores. All taxes directly associated with the purchase and use of items are included in the index. Prices of most goods and services are obtained by personal visits or telephone calls of the Bureau of Labor and Statistics' (BLS) trained representatives.

Collectively, the CPI is also used to adjust annuities for other federal retirees, survivors, and Social Security recipients. As noted in the chart above the October CPI for FY 2018 is 240.573, 0.4 percent above the FY 2017 COLA baseline. The CPI for November 2017 is scheduled to be released on December 13, 2017. To learn more about the CPI go to the Bureau of Labor Statistics "Frequently Asked Questions" at <https://www.bls.gov/cpi/questions-and-answers.htm>.

Retirees are Urge to Report their Life Changes ASAP

Source: The below information was extracted from The Retirees Activities Office (RAO) Program Letter dated December 2017.

Retirees must keep the Defense Finance and Accounting Service informed whenever changes happen that could affect retired pay.

Life-changing events such as marriages, divorces, births, etc., must be reported directly to Retired and Annuitant Pay as soon as possible.

The following are examples of life-changing events and how these events could impact your account:

Marriage -- Survivor Benefit Plan, arrears of pay beneficiary, federal income tax

Divorce: SBP, arrears of pay beneficiary, federal income tax

Death of a spouse: SBP, arrears of pay beneficiary, federal income tax

Birth of a child: SBP, arrears of pay beneficiary, federal income tax

Moving to a new place of residence: (even if just for the winter months): general correspondence delivery, 1099-R and retiree account statement mailing, state income tax withholding, receipt of Afterburner

Opening, changing or closing a bank account: net pay and allotment direct deposit

Changing the email address stored in myPay: myPay account change notifications, receipt of Afterburner, myPay notifications for 1099-R and retiree account statement availability

Paying off and/or closing an insurance policy: net pay and allotment direct deposit

By keeping information current in myPay and submitting the appropriate paperwork when a life-changing event occurs, retirees will help DFAS improve the service it provides. By reporting these events when they happen, beneficiaries will have fewer issues and concerns to resolve later.

Life-changing events can be reported to the new DFAS mailing address at:

Defense Finance and Accounting Service

U.S. Military Retired Pay

8899 E 56th Street

Indianapolis, IN 46249-1200

Events can also be reported by fax number at 800-469-6559, or by calling 800-321-1080

Military Records & Medals - Preserving the Past/Tips

Source: MilitaryTimes | Kevin Lilley

Of the 16 million Americans who served in World War II, it's expected that about a half-million will be alive at the end of 2017. Many veterans of this and other conflicts will take with them stories of service that can't be replaced. Some will have earned commendations they mentioned only in passing, or ignored out of modesty, or locked away alongside painful memories. Family members who want to learn more about their relative's service, even those in service themselves, may have limited knowledge when it comes to navigating an archive process that, with a bit of persistence, can provide more than just a few dates and places. Military Times sought advice from the National Personnel Records Center, as well as in-house expert Doug Sterner, curator of the Military Times Hall of Valor, to provide some basic steps on the path to piecing together a personal history.

1. First thing's first. Veterans or next of kin seeking records can visit this National Archives website <https://www.archives.gov/veterans/military-service-records> to learn the basics. Many requests can be filed electronically; be sure to have a Social Security number, service number, dates of service and other basic information at the ready. You can also get a printable version of Standard Form 180, Request Pertaining to Military Records (<https://www.archives.gov/veterans/military-service-records/standard-form-180.html>). This form most likely will grant eventual access to all relevant information, provided it can be filled out as completely as possible. As Sterner pointed out, "With more than 60 million records at NPRC, even what one considers a unique name may not be unique."

2. What will I get? More than half of the 1.2 million military records requests received by NPRC involve separation documents: DD-214s or older equivalents. Because these documents are key to receiving various benefits, they are prioritized by the center: Officials said nearly 94 percent of these requests that didn't involve records destroyed or damaged in a 1973 fire were processed in less than 10 days. Other requests averaged about 24 days. If you're seeking more than the separation documents, be sure to request specific records via the online submission process or SF-180. If you're after an entire Official Military Personnel File, make that request clear on the form. If your request takes longer than 10 days, you can request a status update online at <https://www.archives.gov/st-louis/forms> or via phone (314-801-0800). In their online guidance, NPRC officials say sending a follow-up request in less than 90 days "may cause further delays."

3. The "entire" file. If you're after materials such as clothing issuances, leave requests or similar documents, you may have to re-submit your request after receiving the OPMF in question. Under a policy outlined at Archives.gov, the NPRC provides "only copies of key documents and extracts of vital information, rather than a copy of every document in a personnel and/or medical file." Requests since late 2009 have included an explanation of this policy, per the website.

4. Rush requests. NPRC tasks some of its staff exclusively with high-priority requests, such as veterans facing a medical emergency or family members seeking replacement awards prior to a funeral. Online submission portals and the SF-180 include sections where these requests can be explained fully; be sure to include such details if they apply. (Veterans who lost critical separation documents as a result of recent hurricanes can also take advantage of this expedited process by including the word "Hurricane" in the comments section of their online request or under the "Purpose" field in Section II of their SF-180.)

5. Old actions, new honors. Even service members who've retained complete military records from their time of discharge may be missing honors and awards they earned without realizing it. Sterner cited three examples of high-level honors that came after the recipients took off the uniform:

- The *Silver Star* didn't exist as a medal until 1932. Prior to 1932, distinguished service members received "Citation Stars" from their commanding general to denote their accomplishments. Those awards are upgradable to Silver Stars, but the service member had to request it. The same goes for next of kin.
- Soldiers who earned the *Combat Infantryman Badge* or *Combat Medic Badge* during World War II are eligible for a Bronze Star Medal thanks to a directive from Gen. George C. Marshall ... in 1947. By that point, many troops covered by the directive had left service. Troops or next of kin can request issuance of the award and request their military records be updated.
- The *Prisoner of War Medal*, established in 1985, targeted Vietnam War-era POWs but any service member who spent time in captivity back to World War I was retroactively eligible. Many World War II and Korean War POWs may not be aware of the change, and family members of deceased former POWs also may request the honor for their relative.

6. About that fire ... A July 12, 1973, blaze at the NPRC's military personnel records building in St. Louis took out up to 18 million personnel files, including 80 percent of those belonging to soldiers discharged between Nov. 1, 1912, and Jan. 1, 1960, and 3 in 4 airmen discharged prior to Jan. 1, 1964, whose names came after James E. Hubbard in the alphabet. Salvage efforts began immediately, both on site and via a bulletin that required government agencies to maintain any other records that might be used to reconstruct military personnel files. They continue to this day. About 3,000 requests for records affected by the fire are processed by the center each week, NPRC officials said.

Even if the file you're seeking was lost entirely, that doesn't mean at least some of the information it contained can't be recovered, Sterner explained. "While individual records were lost in that fire, the unit records — including histories, action and morning reports, and general orders for awards to individuals within that unit — are warehoused at the National Archives," he said. "The caveat is that there is no index for these records ... one must generally know exactly what general orders or report they are looking for, or sift through thousands of pages of documents." These general orders are especially useful in assembling lists of award recipients. Sterner pointed to the work of Air Force Col. Albert Gleim, who, among other archival efforts he undertook after retiring from service, published an index of all Navy Cross recipients. Gleim died in 1997; his work, and that of many others, provided a foundation for the Hall of Valor database at <http://valor.militarytimes.com>.

7. Medical confusion. NPRC officials said outpatient and inpatient medical records can be the most troublesome of the 1 million-plus annual requests they receive. If NPRC has the records, they can be obtained using the SF-180 or eVetRecs (online request) methods outlined above. But NPRC likely won't have the records if inpatient treatment took place within the last three years (the records remain with the treatment facility), or if outpatient treatment involves a veteran discharged from the mid-1990s through 2014. The proper record system will vary depending on when the treatment was obtained and what service was involved. NPRC aims to provide proper contacts, officials said; learn about the Department of Veterans Affairs Records Management Center, and get links to other record-request sites, [here](#).

8. Do I need my congressman? No, said the NPRC: Online submissions and standard forms make outside help unnecessary, especially for requests involving separation documents. Maybe, said Sterner: While you should include a request for unissued or lost medals along with your NPRC request, he said, "In the case of awards never received, it is best to work through a congressional office." These offices generally have staffers who've become well-versed in the awards and records process. Successful requests can result in the lawmaker presenting the award(s) to veterans and/or family members in ceremonial fashion. Congressional offices also may offer assistance when it comes to third-party requests, those involving distant relatives, or others that aren't as easily processed through NPRC's online portal.

9. Arlington honors. Full details on burial and inurnment eligibility at Arlington National Cemetery are available at the cemetery's official website at <https://www.arlingtoncemetery.mil>. they include eligibility for service members who received the Medal of Honor, a service cross, a Distinguished Service Medal, Silver Star or a Purple Heart.

Separation documents (DD-214 or similar) nearly always reflect these awards and will serve as proof of eligibility. Requesting these documents are the first step, Sterner said, though more research may be required if the documents are not available or do not include relevant information that can be corroborated via other sources, such as general orders.

TRICARE Changes 2018 - Pharmacy Copays

Source: <https://tricare.mil> | Benefits Update | December 15, 2017

On Feb. 1, 2018, copayments for prescription drugs at TRICARE Pharmacy Home Delivery and retail pharmacies will increase. These changes are required by law and affect TRICARE beneficiaries who are not active duty service members. While retail pharmacy and home delivery copayments will increase, prescriptions filled at military pharmacies remain available at no cost. You can save the most money by filling your prescriptions at military pharmacies. "Military pharmacies and TRICARE Pharmacy Home Delivery will remain the lowest cost pharmacy option for TRICARE beneficiaries," said U.S. Air Force Lt. Col. Ann McManis, Pharmacy Operations Division at the Defense Health Agency.

Using home delivery, the copayments for a 90-day supply of generic formulary drugs will increase from \$0 to \$7. For brand-name formulary drugs, copayments will increase from \$20 to \$24, and copayments for non-formulary drugs (A drug in a therapeutic class that isn't as clinically or cost-effective as other drugs in the same class. You pay a higher cost share for these drugs.) without a medical necessity will increase from \$49 to \$53. At a retail network pharmacy, copayments for a 30-day supply of generic formulary drugs will increase from \$10 to \$11 and from \$24 to \$28 for brand-name formulary drugs. In some cases, survivors of active duty service members may be eligible for lower cost-sharing amounts.

TRICARE groups pharmacy drugs into three categories: generic formulary, brand-name formulary and non-formulary. You pay the least for generic formulary drugs and the most for non-formulary drugs, regardless of whether you get them from home delivery or a retail pharmacy. To see the new TRICARE pharmacy copayments, visit www.tricare.mil/pharmacycosts. To learn more about the TRICARE Pharmacy Program, or move your prescriptions to home delivery, visit www.tricare.mil/pharmacy.

TRICARE Changes 2018 - Impact on Guard & Reserve

Source: *Military.com* | Amy Bushatz

A series of changes to Tricare caused by a contractor update and new legislation passed by Congress will have a major impact on current and future members of the Guard and Reserve, as well as retired Guard and reservists under age 60. The plans used by Guard and Reserve members and retirees, known as Tricare Reserve Select and Tricare Retired Reserve, require a monthly premium as well as annual deductibles and other out-of-pocket costs. The plans cost \$217.51 a month for a family, or \$47.82 a month per individual for currently serving members, and \$1,013.36 a month for a family or \$403.81 per individual for retirees.

Those users pay up to \$300 in annual deductibles per family, plus additional out-of-pocket costs until they hit their annual maximum, known as a "catastrophic cap." That cap is \$1,000 for currently serving families, and \$3,000 for retirees. But starting in 2018, all users will see a change in out-of-pocket costs as well as how service fees are calculated, while some will also see a change in where they send their monthly premiums.

Fast Facts:

- Tricare region borders and managing contractors are changing Jan. 1.
- All Tricare Reserve Select and Tricare Retired Reserve users will see point-of-service fee changes.
- All Tricare Reserve Select and Tricare Retired Reserve users will see monthly premium changes.
- Tricare Retired Reserve users' annual out-of-pocket cap will increase from \$3,000 to \$3,500.

To read how the changes impact other users, including active-duty families and retirees refer to <http://www.military.com/daily-news/2017/09/28/many-tricare-users-will-face-higher-out-pocket-costs-2018.html>.

Increases to Monthly Premiums

Monthly premiums for Tricare Reserve Select and Tricare Retiree typically change each year. In 2018, those fees will increase to \$221.38 monthly for families on Tricare Reserve Select, but go down slightly for individuals to \$46.09. For those on Tricare Retired Reserve, monthly premiums for a family will increase to \$1,038.31 and \$431.35 for an individual.

Update Monthly Premium Payment Information

Starting Jan. 1, a regular Tricare contract update is ushering in changes to Tricare's regions and contractors. Rather than the three-region system used today, Tricare will divide into two regions -- Tricare East and West. Tricare East will be managed by Humana Military. Tricare West will be managed by Health Net Federal Service. That means all Tricare Reserve Select and Tricare Retiree users outside the current Tricare South region will have a new managing contractor starting 1 JAN -- and must update their monthly payment information or risk losing coverage. Users in the western U.S. under HealthNet must update their information by Dec. 20, while Humana users in the eastern U.S. have until Dec. 24, the notices state. To read more refer to <https://www.military.com/daily-news/2017/12/07/many-tricare-users-must-update-payment-information-soon.html>

Increase Annual Cap For Retirees -- Right now, Tricare Retired Reserve users pay a maximum of \$3,000 for care out-of-pocket each year. Starting on Jan. 1, however, that max will increase to \$3,500. The annual cap for Tricare Reserve Select users will remain \$1,000.

Flat-Rate Out-Of-Pocket Costs

Thanks to a change in how point-of-service charges are calculated, some users may see higher out-of-pocket fees in the new year, while others will see fees lowered. Currently, those costs are based on a "percentage of allowable charges" system predicated on a variety of factors, such as region, type of doctor and type of appointment. Going forward, however, Tricare is moving to a flat-rate system based on average costs across the system. That means while some users will pay less at appointments, others will pay more. Starting in January, Tricare Reserve Select users will pay \$15 per visit for in-network primary care and \$25 per visit for in-network specialty care until they hit their cap. In-network emergency room visits will run \$40, and in-network urgent care use will cost \$20. Retired Reserve users will pay \$25 per visit for in-network primary care; \$40 for in-network specialty care; \$80 for in-network emergency room use; and \$40 for in-network urgent care. All other fees are available on Tricare's website.

TRICARE Exercise & Injury

Are you planning to add more exercise to your daily routine in the New Year? If so, remember that injuries can be prevented through moderation, proper form and adequate rest. The goal should be to establish a solid foundation of fitness and strength, building up over time, to allow for pain-free and injury-free participation. Too much too soon – or exercising for too long – can lead to injury. Avoid a sudden increase in activity level, duration, load and intensity and build up gradually. Also, concentrate on proper technique and form, especially during strength training and high-intensity exercises. Overuse injuries result from repetitive motions, so workouts should involve a mix of movements and intensities. Recovery time is essential for injury prevention. Without rest and recovery, the body eventually becomes overloaded and fatigued. Pay attention to prolonged soreness, joint pain, or any sharp pain after workouts. It's often a sign you're overdoing it. This New Year, get in shape the smart way – gradually, over time.

Medicare Hospital Coverage - Status Can Cost You \$1000's

Source: *MoneyTalksNews* | *Karla Bowsher*

When Medicare beneficiaries are treated in a hospital, whether they are labeled “inpatient” or “outpatient” can make a costly difference in the bill — potentially increasing out-of-pocket costs by thousands of dollars. You probably think these two terms simply define whether the person spent the night in the hospital. But Medicare uses the words differently. For example, for 95-year-old Mary Higgins of Wilmington, Delaware, was admitted to a hospital for “observation” last year. After the visit, she received care at a skilled nursing facility — and was hit with a \$2,340-per-week bill (<https://www.cbsnews.com/news/medicare-billing-hospital-observation-can-cost-you>).

Why did it happen? Because Higgins was admitted for “observation.” So, despite being in the hospital for five days, Medicare labeled her as receiving outpatient care. The explanation: “Although Medicare doesn’t cover general custodial nursing home care — such as help with daily living, administering medicine, etc. — it does pay for prescribed follow-up treatment in a skilled nursing facility with specialized care. To qualify for this benefit, though, Medicare patients must have previously stayed in a hospital [as an inpatient] for three days, not counting the day of discharge.”

Your classification as an inpatient or outpatient is what Medicare calls your “hospital status,” and it can affect your out-of-pocket costs for a variety of services. As Medicare defines these terms:

- “You’re an inpatient starting when you’re formally admitted to the hospital with a doctor’s order. The day before you’re discharged is your last inpatient day.
- You’re an outpatient if you’re getting emergency department services, observation services, outpatient surgery, lab tests, or X-rays, or any other hospital services, and the doctor hasn’t written an order to admit you to a hospital as an inpatient. In these cases, you’re an outpatient even if you spend the night in the hospital.”

Note that the difference between these two statuses can be nuanced, essentially coming down to what a doctor writes in your chart. As Medicare puts it, “your doctor must order [inpatient] admission and the hospital must formally admit you in order for you to become an inpatient.” So, you don’t want to make any assumptions about your hospital status. Ideally, you should educate yourself about Medicare terminology before you next find yourself in the hospital. Perhaps start by reading:

- <https://www.medicare.gov/what-medicare-covers/part-a/inpatient-or-outpatient.html> -- The federal government’s Medicare.gov webpage “Inpatient or outpatient hospital status affects your costs“
- <http://www.medicareadvocacy.org/medicare-info/observation-status> -- The nonprofit Center for Medicare Advocacy’s webpage “Outpatient Observation Status“
- <https://www.moneytalksnews.com/7-things-you-need-to-know-about-medicare> -- MoneyTalksNews article “7 Things You Need to Know About Medicare“

Once you’re in the hospital, ask about your Medicare hospital status as soon as possible. The Center for Medicare Advocacy notes that, under a federal law that took effect in March 2017, hospitals must provide Medicare beneficiaries with what’s known as a Medicare Outpatient Observation Notice, or MOON, within 36 hours if they are receiving observation services as an outpatient for 24 hours. As CBS reports, however, even 36 hours might be too long to go without knowing your Medicare hospital status, considering the possible financial repercussions of your status. The publication advises:

“Make sure you or whoever is assisting you in the hospital finds out what your admission status is. If it’s observation, ask if it can be changed. This isn’t easy to do. You may need to enlist the help of your

general practitioner or family doctor. He or she knows your medical background and can help convince the hospital doctors that you need inpatient coverage because you may require follow-up care."

Medical Breakthroughs - Some 2017 Advancements

Source: AARP Magazine | October 2017

Pioneering drugs that remedy once-intractable diseases; clever products that make everyday living easier for people with injury or illness; innovative technologies that provide relief at a touch of a button — by all measures, 2017 has been a year of astounding health care advancements. Here are some of the ways medical trailblazers and researchers are creating fresh possibilities for you and your family.

Sickle Cell Pain -- Years ago a clinical trial of Endari (L-glutamine) was held in which the drug was shown to reduce the frequency and intensity of pain episodes. The FDA approved the medication in July, according to developer Emmaus Life Sciences.

Breathe More Easily -- Those suffering from obstructive pulmonary disease (COPD) and emphysema who have to use oxygen cannula can now utilize Oxy-View eyeglass frames, which conceal the tubes to their nose. This device can help the almost 16 million Americans with COPD get the oxygen they need without embarrassment.

Heal your liver -- Treatment of hepatitis C has exploded in the past five years. "Until about 2011, we could cure only half the people we treated. Now there are seven or eight FDA-approved designer drugs [such as Harvoni] that allow us to cure 100 percent," according to Adrian M. Di Bisceglie, M.D., chairman and professor of internal medicine, and chief of hepatology at the Saint Louis University School of Medicine. "We do genetic testing on the virus to determine which of the six strains a patient has, which helps us choose precisely the right antiviral agent. We eradicate the disease, and the liver can start to heal." Now the goal is to find the 3.2 million people who are infected, Bisceglie says. The Centers for Disease Control and Prevention recommends that all boomers — born 1945 to 1965 — get screened. In other good liver news, modern transplantation has been a completely transformational therapy. "You can take patients who are nearly dead — weeks to live — put a new liver in them, and within a day or two they're new people, walking and talking, having new life," Bisceglie says. —

Lung Cancer -- Drugs are under rapid development that can reverse the progress of lung cancer dramatically. According to Norman H. Edelman, M.D., senior scientific adviser for the American Lung Association. "We no longer say, 'You have lung cancer. Here are the drugs we use.' We examine your cancer and can tailor the drugs to the genetic mutations in your particular tumor." Another exciting advancement is the approval of checkpoint inhibitor drugs such as nivolumab, which allow your immune system to fight your own cancer. "These drugs are under rapid development, are becoming increasingly effective and can reverse the progress of the disease dramatically," Edelman says. In the next five to 10 years, we will see breakthroughs for personalized medicine in all of lung disease. "We now understand that asthma is not one thing but a collection of things. We've identified telltale cells in your blood and sputum that indicate whether your asthma will respond to one drug or another," Edelman says. "So, we have a new class of monoclonal antibody drugs that allows us to treat the 5 to 10 percent of people with persistent, hard-to-control asthma. We expect this sort of personalized medicine to extend to most other lung diseases." —Selene Yeager

Cardiac Care

- The discovery of PCSK9 inhibitors — a new class of injectable drugs that switch off one of the genes responsible for elevated cholesterol — was a blockbuster in the heart field, according to Steven Houser, research scientist and immediate past president of the American Heart Association. "For folks who have mutations in this pathway, this development is a godsend. The treatments are

currently quite expensive, so use by the general public could be limited. But every company I know is working on drugs for that pathway. They'll be here in the next five years, and this will have a big impact."

- Regeneration is the holy grail of researchers who study cardiac injury and repair, Houser says. "Researchers are testing four or five different flavors of stem cells in preclinical models to see if they reduce the damage of a heart attack. If any of them do, people will fare way better following an incident. Scientists across the world are investigating stem cells to regenerate heart tissue. I'm pretty confident that in the next 10 years, we'll have some regenerative therapies." —Selene Yeager
- Another breakthrough for heart care could impact the hundreds of thousands of Americans who receive pacemakers for heart irregularities each year. Last year a new device called the Micra Transcatheter Pacing System was approved by the FDA. It reduces infection risks, is 93 percent smaller than a conventional pacemaker, is implanted into the heart muscle through a catheter and has no wires. —Sari Harrar

Bone Marrow Transplants -- These could become easier to perform if doctors use a patient's own blood stem cells. "Our goal is to make everyone's cells amenable to self-donation," says George Daley, a stem cell biologist and dean of the faculty of medicine at Harvard Medical School. He has grown the world's first man-made human blood stem cells in his lab; these have the potential to grow into all kinds of blood cells.

Allergies and Immunodeficiency -- Biologics could be the way of the future for treating allergies. "Typically, we treat the symptoms of allergic diseases by targeting the elevated chemicals that cause them, like using antihistamines to lower histamine levels," says Olajumoke O. Fadugba, M.D., director of the Allergy and Immunology Fellowship Training Program at Penn Medicine in Philadelphia. "But now we can also use biologics — antibodies, such as Xolair, that block the molecules that cause the response. These are dramatically improving the lives of people with hard-to-treat allergic asthma, eczema and other allergic diseases." In another five to 10 years, we could see breakthroughs in gene therapy for immunodeficiency diseases. "Currently we run a risk of curing one disease — the immunodeficiency — and inadvertently causing another — cancer. That technology will be better perfected in the years to come," Fadugba says. —Selene Yeager

Treating Pain -- When cartilage in joints is worn through, it allows bones to rub against each other causing pain. A new device (Pain Quell) is available to treat the pain and is a means of holding off joint (hip) replacement surgery. Quell is a strap placed around the calf near the knee. By electrically stimulating a bundle of nerves there, it can relieve pain anywhere in the body. It's basically telling your brain, 'You're really not feeling this pain, so let it go. Companies are also developing pain remedies that use headsets to immerse people in virtual worlds. In clinical trials and studies, patients said they felt a 24 percent pain reduction while virtually throwing balls at animated bears and 60 percent less pain while floating through a wintry landscape and lobbing snowballs. For some, pain relief lasted a day after using the headset.

Soothe Digestion Pain -- There have been tremendous advances in the treatment of inflammatory bowel disease (IBD), such as Crohn's disease and ulcerative colitis, according to Fabio Cominelli, M.D., director of the Digestive Health Research Institute at Case Western Reserve University in Cleveland. "Biological therapies and new drugs provide improvement in quality of life and can put people in permanent remission. There may be 3 million people with IBD in the U.S., and it often occurs between ages 55 and 60." Research into the gut microbiome has provided a host of possibilities, not only in digestive diseases but also in conditions such as asthma and diabetes. "We are studying how the gut can affect the brain, as well as how the intestine can affect skin diseases," Cominelli says.

Healthy Teeth For Life -- For those that dread the dentist's chair — have hope. "We are moving toward smart, multifunctional filling materials for cavities," says Thomas Hart, D.D.S., director of the American Dental Association Foundation's Volpe Research Center. "Instead of lasting eight to 10 years, as tooth-colored composite fillings currently do, they'll last perhaps 30 years. They'll also be self-healing, so if a filling crack develops, a little capsule of material will open to seal it. This may be available in as soon as five years."

Guam RAO Newsletter Link

Make sure you open this link, it's full of good information. Unfortunately, this issue will be the last for the editor. Dave Ehlers is finally retiring and we will miss his efforts putting together this terrific newsletter.

http://www.andersen.af.mil/Portals/43/36%20WSA%20TENANT/Guam%20Retiree%20Activities%20Office/newsletters/GuamRAO-Newsletter_v7-12_December17_FINAL.pdf

VA Announces Rollout and Application Process for New Veterans ID Card

Source: [Veteran News](#), [Donnie La Curan](#)

Today the U.S. Department of Veterans Affairs (VA) announced that the application process for the national Veterans Identification Card (VIC) is now available for Veterans — yet another action honoring their service. This has been mandated through legislation since 2015 to honor Veterans, and today's rollout of the ID card fulfills that overdue promise.

Only those Veterans with honorable service will be able to apply for the ID card, which will provide proof of military service, and may be accepted by retailers in lieu of the standard DD-214 form to obtain promotional discounts and other services where offered to Veterans.

“The new Veterans Identification Card provides a safer and more convenient and efficient way for most Veterans to show proof of service,” said VA Secretary Dr. David J. Shulkin. “With the card, Veterans with honorable service to our nation will no longer need to carry around their paper DD-214s to obtain Veteran discounts and other services.”

The VIC provides a more portable and secure alternative for those who served the minimum obligated time in service, but did not meet the retirement or medical discharge threshold. Veterans who served in the armed forces, including the reserve components, and who have a discharge of honorable or general (under honorable conditions) can request a VIC.

To request a VIC, Veterans must visit [vets.gov](#), click on “[Apply for Printed Veteran ID Card](#)” on the bottom left of the page and sign in or create an account.

Veterans who apply for a card should receive it within 60 days and can check delivery status of their cards at [vets.gov](#). A digital version of the VIC will be available online by mid-December

USAF Pilot Shortage Update 02 - Increasing Despite High Retention Bonuses

Source: *AirForceTimes* | *Stephen Losey*

Despite offering fat retention bonuses to entice pilots to stay in the Air Force, the percentage of eligible pilots accepting them is plummeting. The Air Force said it typically hopes about 65 percent of eligible pilots will accept the retention bonuses. But in fiscal 2015, only 55 percent took the bonuses and signed up for longer stints. And the so-called “take rate” has plunged even further since then, to 48 percent in fiscal 2016, and 44 percent in fiscal 2017, according to figures released by the Air Force. In all, 476 pilots accepted retention bonuses last year.

The dramatically increased bonuses — once called Aviator Retention Pay and earlier this year renamed the Aviation Bonus Program — are one of several tools the Air Force is rolling out to try to stem an exodus that has contributed to an almost 2,000-pilot shortfall. Commercial airlines are aggressively recruiting Air Force pilots and can offer salaries that are far higher than what the military offers. In June, the Air Force for the first time began offering retention bonuses of up to \$455,000 to fighter pilots who agree to extend their service 13 more years, at \$35,000 per year. Until then, the most a fighter pilot could get was a retention bonus of \$225,000, or \$25,000 per year for a nine-year extension. Fighter pilots are also eligible for \$35,000 annual bonuses for extensions of one, two, five or nine years. Only five out of about 200 eligible fighter pilots accepted the 13-year extension in 2017, although it was only available for the last four months of the fiscal year. In all, 122 fighter pilots accepted retention bonuses last year.

Although the increased bonuses have not been enough to turn things around, the Air Force says it's encouraged that the decline appears to be slowing. "Any time we're short of that [65 percent] target, it's an area of concern," Air Force spokeswoman Capt. Kate Atanasoff said in an email. "However, given the continued increase in airline hiring, which is historically our biggest challenge to retention, we're encouraged that the take rate has not continued to decline at the same rate. We'll continue to pursue programs that incentivize retention both through quality of life and monetary incentive programs."

For most categories of pilots, the decline in take rates between 2016 and 2017 was indeed smaller than the previous year's decline. For example, the take rate for 11F fighter pilots dropped from 47.8 percent in 2015 to 39.5 percent in 2016, a decline of 8.3 percentage points. It fell further to 34.6 percent last year, which represented a 4.9 percentage point drop. But not all categories of pilots are slowing down. For some, the decline is accelerating.

- The 11H rescue pilots' take rate actually ticked up 0.2 percentage points in 2016, to 78.6 percent, before falling 2.9 percentage points to 75.7 percent in 2017.
- 11R C2ISR pilots saw an increase from 55.3 percent in 2015 to 58.5 percent in 2016, before recording a 19.4 percentage point decline to 39.1 percent in 2017.
- 11S special operations pilots' take rates increased in 2017 by 10.5 percentage points, to 59.2 percent, and 11U and 18X unmanned pilots' rates went up 7.1 percentage points to 62.3 percent.

D7R-II Military Bulldozer - Semi-Autonomous or Remote Controlled Design

Source: ArmyTimes | Shawn Snow

Caterpillar is redesigning one of its military dozers to be semi-autonomous or remote controlled, in a development that will aid in urban battlefield explosives removal and breaching, according to Nic Hoffman, the lead engineer on the project. The bulldozer, known as the D7R-II, will be semi-autonomous and controlled by a user with a remote control that has a 400-meter line of sight reach, according to Hoffman. The remote-control function means operators can move and drive the dozer behind covered and concealed positions or out of harm's way.

The new dozer took a couple months to design, Hoffman said. Engineers working on the project had to change the hydraulics and the control system. Bulldozers have been vital for the U.S. military and its partner forces in Iraq and Syria battling ISIS militants. The U.S. military has provided up-armored Caterpillar dozers to Iraqi forces and Syrian partner forces known as the Syrian Democratic Forces. Videos on social media show U.S.-backed SDF fighters using the tractors to clear routes, remove explosives, and as makeshift defensive positions in the tense street-to-street urban warfare ongoing in Raqqa. Because of the increasing importance of bulldozers in urban conflict, the tractors are also a major target of enemy forces, meaning drivers and operators of the bulldozers are at increased risk.



D7R-II



Remote Control

The new semi-autonomous dozers will also be important for post-war reconstruction in Iraq and Syria, where thousands of unexploded ordnance and booby traps still line streets and buildings of formerly held ISIS territories. Caterpillar is still working with the U.S. Army to start testing and evaluation of the new remote-controlled dozers, Hoffman said.

Windows PC Tips - 19 PC Keyboard Shortcuts You May Not Know

Source: *MOAA News Exchange* | Reid Goldsborough

There are lots of little (and sometimes not so little) tips and techniques that can shave a few of seconds off frequently used procedures or maybe even completely change how you work. No compilation like this can possibly be comprehensive, but here are a few Windows tips and tricks worth doing if you're not already. If you're a Mac user, a good source of shortcuts is support.apple.com/en-us/HT201236.

- **Lock your computer:** Windows-L locks it, requiring your password to resume, which can be handy if you don't want a coworker or roommate posting for you on Facebook.
- **Shut down:** Program the Power button to shut down your PC. Press the Windows key and begin typing Power Options. Once there, select "Choose what the power buttons do," then for "When I press the power button" select "Shut down."
- **Launch a program:** Pressing the Windows key is a quick way to launch programs. Begin typing the name of the program until it's displayed. An even quicker way is to create a keyboard shortcut. Find the program on the desktop or in the Start menu. Press the right mouse button, select Properties, click in the field after "Shortcut key," and press a keyboard shortcut such as Ctrl-Alt and the first letter of the program's name.
- **Move among programs:** Alt-Tab moves you forward from one open program to another. Repeating reverses this. Holding down the Alt key as you repeatedly hit Tab shows you which programs are running and lets you move to the one you want to work with.
- **Close a program:** Alt-F4 closes the program you're in. Ctrl-F4 or Ctrl-W closes just the tab or window you're in.
- **Go to the desktop:** Windows-D hides all open programs and takes you to the desktop. Repeating reverses this.
- **Minimize or maximize the window:** Windows-Down Arrow minimizes the window you're in, while Windows-Up Arrow maximizes it.

- **Move or copy files:** To move a file from one folder to another, open File Explorer twice, creating two instances. In one File Explorer instance, select the file and drag it to the folder where you want it using the other instance. To copy it, hold down the Ctrl key while doing this. Or you can drag with the right mouse key and select copy.
- **Batch rename files:** In File Explorer, select the files you want to rename, right click the first one, and type a name. File Explorer renames the rest with a 1, 2, and so on. To select all the files, press Ctrl-A.
- **Save a document:** This is the most basic trick of all. If you don't want to lose a document you're working on, save it periodically. The fastest way is Ctrl-S. If you're working off the cloud or on a smartphone, your files automatically are saved for you.
- **Delete a word:** Within a document, Ctrl-Backspace deletes the entire word behind the cursor.
- **Move to the next word:** Ctrl-Right Arrow moves one word ahead, while Ctrl-Left Arrow moves one word behind.
- **Undo a mistake:** Ctrl-Z not only undoes your most recent typing, it also can bring a file back if you accidentally deleted it or moved it where you don't want it.
- **Paste without formatting:** If you've copied text and don't want the original formatting, hit Ctrl-Shift-V instead of Ctrl-V. To select from a menu of paste options, hit Ctrl-Alt-V or press the right mouse button and look under Paste Options.
- **Insert a symbol:** No matter what program you're in, you can access Character Map for symbols such as copyright and registered trademark by pressing the Windows key and beginning to type Character Map. Find the symbol you want, click Copy, return to your program, and paste it in.
- **Type in a site's address:** From within your browser, F6, Ctrl-L, and Alt-D all take you to the address bar.
- **Navigate webpages:** Hitting the spacebar scrolls down a full screen, while Shift-Space bar scrolls up. Your mouse's scroll wheel is excellent at taking you down or up in smaller increments.
- **Make text more readable:** Ctrl-Plus magnifies the webpage you're on, while Ctrl-Minus reverses this. To reset a page to its original magnification, press Ctrl-Zero.
- **Move among browser windows:** Ctrl-T opens up a new tab, Ctrl-Tab moves you forward among open windows, and Ctrl-Shift-Tab moves you backward.

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Still Serving

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