

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

Council tackles Air Force retiree concerns, issues - RANDOLPH AIR FORCE BASE, Texas (AFRNS) – Retired Airmen will always have a voice thanks to the Air Force Retiree Council that meets annually at the Air Force Personnel Center to discuss and act upon concerns and issues affecting nearly 790,000 retirees and surviving spouses. This year's council met May 3 to 7 to review topics such as pay and benefits, medical care, and base-level retiree activities and support.

Retired Lt. Gen. Steven R. Polk and Chief Master Sgt. of the Air Force No. 14 Gerald R. Murray currently serve as council co-chairmen. They lead council members representing 15 geographical areas worldwide. The council may also appoint members at large who have expertise in medical care and other critical subject areas. The Air Force Retiree Council is "a safety net for those of us who currently serve," said Air Force Chief of Staff Gen. Norton Schwartz. The general visited this year's meeting and praised the council for "still serving" as a link between him and the Air Force's retired community. Although they no longer wear the uniform, Air Force retirees still represent the service.

"The retiree community is an extension of the active-duty Air Force," said retired Col. Thomas R. Adams, who represents Alabama, Louisiana, Mississippi and Tennessee. "Retirees represent the Air Force as church and civic leaders, and volunteers. When the community views an Air Force retiree, it sees the mark of the Air Force, and it sees the training and experiences of Air Force careers embodied in men and women who served their country and now serve their community. The retiree represents the best advertising and recruiting tool of the Air Force." Throughout the year, area representatives provide oversight and guidance to 109 retiree activities offices worldwide. Most RAOs are located on Air Force installations, and all staff members are volunteers. The area representatives work with their RAO directors to provide topics for each year's annual meeting based on what they glean from their respective retiree population.

The group heard from various senior leaders including the Air Force surgeon general, Army and Air Force Exchange Service vice commander, the director of the secretary of the Air Force legislative liaison office, and a representative of the Air Force Network Integration Center. It learned about current war operations plus plans for the future of the Air Force's personnel, weapons and mission. "This was, by far, the best council meeting I have attended," said retired Chief Master Sgt. Burton Clyde, who represents Arizona and New Mexico. "The visible support of our active-duty leaders for retirees was evident by the appearance of senior staff and others." The council also heard from representatives of Tricare, Delta Dental, Veterans Affairs, DFAS, and the Military Coalition. AFPC briefers covered various topics such as the Air Force Wounded Warrior Program, Combat-Related Special Compensation, identification cards, and current and future personnel challenges. The council toured the Center for the Intrepid, which provides rehabilitation for wounded warriors, and attended a Basic Military Training graduation at nearby Lackland Air Force Base.

The council co-chairmen will meet with General Schwartz later this year to discuss the council's findings and other matters related to the Air Force retirement community. As the Year of the Air Force Family winds down, General Schwartz believes when people talk about today's Air Force as a whole they must include its retirees, family members and survivors. "Everyone is valued, and that includes our alumni," General Schwartz said. He lauded the Air Force retirees who volunteer hundreds of thousands of hours at bases worldwide saving millions of dollars. The chief of staff had nothing but praise for the council's hard work and dedication. "Thank you for the way you continue to still serve," he said.

Shinseki Stopped Hearing on Agent Orange Decision - VA Secretary Eric Shinseki met with Sen. Daniel Akaka (D-Hawaii), chairman of the Senate Veterans Affairs Committee, to ask that he cancel a hearing on the secretary's decision to add three diseases to the list of Vietnam veteran illnesses presumed caused by exposure to [Agent Orange](#) and other herbicides used in that war. Akaka reluctantly agreed, the VA thus avoided a brighter public spotlight, so far, on a decision that will help tens of thousands of veterans but also will add \$13.6 billion to VA compensation claims.

Akaka and Sen. Jim Webb (D-Va.), a committee member, are pressing Shinseki outside of the hearing process to explain his decision to add heart disease, Parkinson's disease and B-cell leukemia to the list of illnesses presumed caused by Agent Orange. Several weeks after their meeting, Akaka followed up on a March letter to Shinseki with a new one, asking the secretary for more details on the consequences of presuming service-connection for ischemic heart disease to any veteran who can show he stepped foot in Vietnam.

A spokesman for Akaka could not say "what was discussed in a personal meeting." But the committee had scheduled an April 21 hearing on Shinseki's Agent Orange decision. At VA's request that was reset to May 5. But the hearing topic changed again when VA refused to provide witnesses. The hearing could be rescheduled again in the late summer or fall.

Veterans diagnosed with a presumptive Agent Orange disease can file for a service-connected disability rating and monthly compensation. Surviving spouses too can file claims, for [dependency and indemnity compensation](#), if married veterans die of service-connected ailments. VA issued an interim regulation in March for implementing Shinseki's decision, even cutting the 60-day comment period in half. However, because of the large cost involved, Webb in late May attached an amendment to a war supplemental bill to prevent claims under the newly presumptive diseases from being paid until 60 days after a final regulation is published. That final rule likely won't be published until fall, at the earliest, but when claims can be paid they will be retroactive to the date first filed. Webb's maneuver is to give Congress more time to study the science behind Shinseki's decision and how the hefty cost -- \$42.2 billion over 10 years -- could impact other VA services. It's a particular concern for Akaka.

To stop the regulation from taking effect, both the House and Senate would have to pass a blocking resolution. That is not likely to happen. Critics say Congress, in effect, abdicated its responsibility to stay atop these compensation issues when it passed the Agent Orange Act of 1991, giving the VA secretary authority to make presumptive disease decisions. Webb complained in a June 4 letter to Shinseki that the law was intended "to establish presumption of service connection for relatively rare conditions." Instead, "presumptions have expanded to include common diseases of aging." He noted that the VA secretary added prostate cancer to the list of Agent Orange diseases in 1996 and Type-2 diabetes in 2001. Today, almost 10 percent of veterans who served in Vietnam are compensated for Type-2 diabetes, Webb said. Adding ischemic heart disease will be "a new dramatic expansion of [disability compensation](#)."

Webb, like Shinseki, is a decorated Vietnam combat veteran. But on this issue he is being attacked bitterly through letters, e-mails and online chat rooms by ailing veterans who expected by now to be drawing VA compensation. It was Webb, in his letter, who revealed that VA twice had declined to testify on Shinseki's Agent Orange decision. It was another source who said Shinseki met with Akaka to ask that no such hearing be held.

In an April 26 letter, Shinseki advised Akaka that ischemic heart disease, also known as coronary artery disease, could generate 76,000 new claims this year and retroactive payment for 75,000 claims filed earlier. Another 41,600 heart disease claims are expected in 2011, VA calculated, and another 44,000 could be filed from 2012 through 2015.

Akaka's letter to Shinseki May 28 indicates it's the decision on heart disease, the third most common illness among the elderly, that so concerns the committee. The IOM found "inadequate or insufficient evidence" of a link in 2006. In its 2008 update, IOM put heavier emphasis on studies showing a more rigorous tracking of exposure levels. Five of them showed a "strong statistically significant association." So IOM switched ischemic heart disease from a category of "insufficient evidence" to "limited or suggestive evidence."

Veterans waited months for Shinseki to act on the 2008 report. His decision, when finally made, delighted many Vietnam veterans. Akaka and Webb now want to learn a lot more about what went into that decision. (*Source: Military.com Veterans Report*)

Agent Orange: VA Adds Ships to Exposure List - The department of Veterans Affairs this week added an extensive list of new ships to the already existing list for Navy and Coast Guard ships and vessels that are presumed to have been exposed to Agent Orange. To view the updated list, click [here](#). If you served on any of these mentioned ships and have had a claim denied, you should reapply citing the VA list as the source for your reapplication. NAUS is told the VA is already working on a third list that will have more ships listed. If you have a claim and evidence the ship you served on was in Vietnamese waters and/or actually tied up to a dock there, make sure you include that with your claim. (Source: NAUS Weekly Update)

VA Updates Online Application for Health Benefits: The VA announced that it has revised and made easier the online benefits claim form called the Form 10-10EZ, "Application for Health Benefits."

This revised online application provides enhanced navigation features that make it easier and faster for Veterans to apply for their health care benefits. This new version also allows Veterans to save a copy of the completed form for their personal records. The most significant enhancement allows Veterans to save their application to their local desktop and return to the application at any time without having to start over. Previously, Veterans had to complete the form in a single session.

The updated online form, along with the revised VA Form 10-10EZ, reduces the collection of information from Veterans by eliminating some questions. In addition, there are minor changes to simplify the wording of questions and provide clarity in the instructions. Further enhancements to the online application are expected to be added in increments throughout 2010.

Veterans may complete or download the 10-10EZ form at the VA health eligibility [website](#). For more information call VA at 1-877-222-8387 or visit the VA health eligibility [website](#). Along with the new three-page form there are three pages of instructions. It is a government form after all! (Source: NAUS)

VA Makes Filing Claims Easier and Faster for Veterans



Simpler Forms and New Program Reduce Paperwork and Speed Process

- As part of Secretary of Veterans Affairs Eric K. Shinseki's effort to break the back of the backlog, the Department of Veterans Affairs (VA) is reducing the paperwork and expediting the process for Veterans seeking compensation for disabilities related to their military service. VA has shortened application forms to reduce paperwork for Veterans. The new forms, which are being made available on VA's Web site at www.va.gov/vaforms, include:

A shortened VA Form 21-526 for Veterans applying for the first-time to VA for disability compensation or pension benefits. VA Form 21-526b for Veterans seeking increased benefits for conditions already determined by VA to be service-connected. This new form more clearly describes the information needed to support claims for increased benefits. [Read full news release »](#) June 15, 2010 - Department of Veterans Affairs, Media Relations, News Release For additional information, please visit [VA Benefits on My HealtheVet](#). (Source: MyHealtheVet)

VA Changes Health Care Co-Pays - Veterans who generally have higher income and no service-connected disabilities -- referred to as Priority Groups 7 and 8 Veterans -- will now pay an additional \$1 for each 30-day supply of outpatient medications. Taking effect July 1, the increase to \$9 from \$8. This change does not impact Veterans in Priority Groups 2 through 6 who will continue to pay \$8 for each 30-day supply of medications for their non-service connected conditions unless otherwise exempted. Veterans who have difficulty paying copayments for outpatient medications should discuss the matter with their local VA enrollment coordinator. Veterans may also contact VA at 1-877-222 VETS (8387) or visit [VA's health eligibility website](#). (Source: Military.com Veterans Report)

2010 Benefits Guide Now Available

The VA 2010 guide to "Federal Benefits for Veterans, Dependents, and Survivors" is now available online. This is the all-in-one place to learn about the benefits to which you or a family member might be entitled. Click [here](#) to view the guide.

VA Announces New Hotline - The Department of Veterans' Affairs (VA) has announced a new telephone hotline to provide emergency support and resources to homeless veterans. The hotline of the new National Call Center for Homeless Veterans at 1-877-4AID VET will provide homeless veterans with timely assistance and coordinated access to VA and community services. Family members, workers at community agencies and non-VA providers also may call the hotline to find out about the many programs and services available to assist homeless veterans. For more information, visit the [National Call Center for Homeless Veterans webpage](#). (Source: *Military.com Military Report*)

Washington State Veteran's Benefits - The state of Washington provides several veteran benefits. This section offers a brief description of each of the following benefits.

Veteran Housing Benefits, Veteran Financial Assistance Benefits and Other State Sponsored Veteran Benefits
[Washington State Veterans Benefits Brochure](#) (PDF)

Homeless Veterans Program - WDVA provides outreach services for homeless veterans in Puget Sound. These services are designed to assist homeless veterans to become employable and reintegrated back into the labor market. Services include needs assessments, enrollments in appropriate programs, shelter and transitional housing placements, employment and training support services. (Continued on next page)

Eligible homeless veterans are provided with case management services and financial support to meet the needs of housing, transportation, food and clothing. The primary strategy for WDVA homeless veterans services is to promote job readiness development to improve homeless veterans competitiveness in the employment market.

Homeless Veterans Reintegration Project (HVRP)

The HVRP offers a structured, individually designed case management plan to make veterans employable and secure by providing, housing, food, transportation, living stability and employment support services.

[Learn more about the Homeless Veterans Reintegration Project](#)

State Veterans Homes - The Washington Veterans Home at Retsil, the Washington Soldiers Home and Colony near Orting, provide high-quality, long-term nursing and assisted-living care for honorably discharged veterans. The newly opened Spokane Veterans Home serves 100 residents needing long-term nursing care. All homes are Title 19 (Medicaid) certified. Residents at each home receive comprehensive, no-cost medical benefits, prescription drug benefits and 24-hour nursing care. Licensed medical staff, including registered nurses (RN), licensed practical nurses (LPN) and certified nursing assistants (CNA) provide personal care specifically tailored to each individual.

[Learn more about State Veterans Homes](#)

Veterans Estate Management Program - The Washington State Department of Veterans Affairs (WDVA) Veterans Estate Management Program offers protective payee services for veterans and family members who are incapable of managing their own financial affairs. By assuming custody of the individual's finances, the department ensures basic needs – such as housing, food, clothing and medical care – are provided.

The WDVA director is authorized to provide protective financial services to veterans and beneficiaries deemed in need of assistance. These services may include the following:

Fiduciary appointment by the U.S. Department of Veterans Affairs;

Representative payee appointment by the Social Security Administration; or

Act as an executor of a veteran's estate.

[Learn more about the Veterans Estate Management Program](#)

PTSD Counseling Services - The Post Traumatic Stress Disorder (PTSD) Program attempts to create community-based avenues to counseling service that are less formal in nature, offering the highest level of confidentiality possible. Services provided throughout the program include individual, couples, family, and veteran group counseling. (Continued on next page)

Some contractors offer group services to women veterans and spouses of veterans.

Veterans may be referred to specialized inpatient or outpatient treatment offered by the U.S. Department of Veterans Affairs Medical Centers or Vet Centers within Washington State. [Learn more.](#) Washington State offers several other benefits including special license plates, returning veterans transition assistance, reduced public transportation fees, reduced fee hunting and fishing licenses, and more. [Visit the Washington State Veterans Affairs website to learn more.](#) (Source: Washington Dept of Veterans Affairs)

TRICARE Provides Deductible-Free Hospice Benefit – The final stages of life can be difficult for patients and their families. To make these last days easier, TRICARE’s hospice care benefit is a service focused on patients to give them the supportive services they need near the end of life. Hospice is a zero-deductible benefit and it gives TRICARE beneficiaries access to personal care and home health aide assistance. It initially provides two 90-day periods of care, followed by an unlimited number of 60-day periods. Each period requires prior authorization from the regional health care contractor. (Continued on next page) Not all care is covered by the hospice benefit. Individual hospices may charge for some items, such as outpatient medications or inpatient respite care. Charges for medical care not related to the terminal illness fall under the beneficiary’s basic TRICARE benefit. Other items not covered include room and board for hospice care received at home; room and board related to custodial care; and any treatments to cure the terminal illness. Hospice benefits can be initiated by a patient, their family or the patient’s primary care manager (PCM). Before hospice can begin, four requirements must be met. First, the patient’s the eligibility information must be current. The patient also needs to obtain a referral for hospice from their PCM and get prior authorization from their regional health care contractor. Finally, a certification of terminal illness must be obtained. There are four levels of hospice care to meet the varying needs of each patient: routine home care, continuous home care, inpatient respite care, and general hospice. If necessary, patients can switch between the four levels of care. For more information about the hospice benefit, visit www.tricare.mil, contact TRICARE For Life, the regional managed care support contractor or TRICARE Area Office. (Source Tricare for Life)

New TRICARE Online Feature - Allows Users to Save Personal Health Data to Their Computer TRICARE Online now allows users to save their personal health data such as medication and allergy profiles, demographic information and a personal health summary to a Portable Document Format (PDF) file on their computer, Military Health System officials said June 10. The new feature, called the Blue Button, is available on the TRICARE Online Personal Health Record site at www.tricareonline.com. After logging on to the secure site, users will be able to add information to their personal health data on the site. Users will need to select the Blue Button titled “Save Personal Health Data” before they can save their personal health data to a PDF file on their local computer. TRICARE Online is the Military Health Systems Internet point of entry that provides all 9.6 million Department of Defense beneficiaries access to available healthcare services and information through an enterprise-wide secure portal. TRICARE Online users who receive their care at a military treatment facility can schedule appointments, order prescription refills and view their personal health records. To learn more, go to www.tricareonline.com (Source: TriCare Communications)

TRICARE Makes Traveling within the U.S. Carefree – Preparing for a road trip or vacation requires planning – what to pack, where to stay and what to do – but taking a few minutes to think about health care before hitting the road can save a lot of hassles. To reduce the chance of health care problems while traveling, beneficiaries should see their doctor to take care of any regular office visits or treatment for ongoing conditions before leaving town. TRICARE Prime beneficiaries get routine care from their primary care manager (PCM), while TRICARE Standard beneficiaries can go to any TRICARE-authorized provider. Regardless of the TRICARE plan you use, it’s a good idea to get routine care before leaving home. If beneficiaries need emergency care while traveling, they should seek treatment immediately by calling 911 or going to the nearest hospital emergency room. Prime beneficiaries do not need prior authorization for emergency care, but they should notify their PCM within 24 hours or on the next business day so follow-up care can be coordinated. (Continued on next page)

TRICARE Standard beneficiaries have no follow-up requirements after receiving emergency care. Beneficiaries who need medical treatment for urgent illnesses that are not an emergency may go to an urgent care facility. For urgent care, beneficiaries should contact their PCM for a referral or call their regional health care contractor for assistance before receiving care. For Prime beneficiaries, failure to obtain a referral may cause care to be covered under the point-of-service option, which means higher costs.

Before traveling, TRICARE beneficiaries should make sure their Defense Enrollment Eligibility Reporting System (DEERS) information is accurate. For more information about DEERS and how to update DEERS records go to www.tricare.mil/DEERS.

Beneficiaries who take prescription medicine should order refills before their trip. If it's necessary to get a refill on the road, the nearest network pharmacy in the U.S. can be found <http://member.express-scripts.com>. Save all medical receipts! This is one of the most important things beneficiaries can do while traveling away from home. For more information about traveling with TRICARE, beneficiaries can go to www.tricare.mil or contact their regional health care contractor.

TRICARE North Region

Health Net Federal Services, LLC
1-877-TRICARE (1-877-874-2273)
www.healthnetfederalservices.com

TRICARE South Region

Humana Military Healthcare Services, Inc.
1-800-444-5445
Active duty programs: 1-877-249-9179
www.humana-military.com

TRICARE West Region

TriWest Healthcare Alliance Corp.
1-888-TRIWEST (1-888-874-9378)
www.triwest.com

Traveling Overseas with TRICARE - Whether on vacation or a business trip, eating different foods, meeting exciting people and enjoying a different climate can make for a worthwhile trip. That is unless you get sick or have a medical emergency. A medical emergency on an overseas trip can be very scary and stressful. Understanding your TRICARE coverage before leaving home is key. Before traveling, TRICARE beneficiaries should make sure their Defense Enrollment Eligibility Reporting System (DEERS) information is accurate.

TRICARE encourages beneficiaries who have a medical emergency overseas to seek treatment immediately. Beneficiaries should seek help finding a treatment facility through a local U.S. Embassy or Consulate.

TRICARE Standard beneficiaries who get emergency or urgent care overseas should be prepared to pay for it up-front and submit a claim with their TRICARE regional health care contractor after returning home.

Beneficiaries living outside the continental U.S. traveling to the U.S. or another country, should contact their TRICARE Area Office (TAO) before the trip to inquire about emergency guidelines. If a beneficiary has an emergency while traveling, he or she can call the toll-free TRICARE Overseas Service Line, 1-888-777-8343.

The Centers for Disease Control and Prevention recommend overseas travelers pack a travel health kit to manage pre-existing medical conditions, prevent illness related to traveling and take care of minor health problems as they occur. The health kit should include: pain or fever medication, stomach upset or diarrhea medication, throat lozenges, decongestant, disposable gloves, adhesive bandages, gauze, adhesive tape, cotton swabs, antiseptic and saline eye drops. Other important items to include are insect repellent and sunscreen.

Beneficiaries who take prescription medicine should order refills before their trip and not forget to pack them! Save all medical receipts! This is one of the most important things beneficiaries can do while traveling abroad. For more information about traveling overseas with TRICARE, beneficiaries can go to www.tricare.mil or contact their regional health care contractor. They can also contact their TAO, a TRICARE Service Center or visit www.tricare.mil/overseas. (Continued on next page)

TRICARE Area Office: Eurasia-Africa 011-49-6302-67-6314 DSN: 496-6314 teoweb@europe.tricare.osd.mil
www.tricare.mil/eurasiaafrica (Continued on next page)

TRICARE Area Office: Latin America and Canada 1-706-787-2424 DSN: 773-2424 taolac@tma.osd.mil
www.tricare.mil/tlac

TRICARE Area Office: Pacific 011-81-6117-43-2036 DSN: 643-2036 tpao.csc@med.navy.mil
www.tricare.mil/pacific

TRICARE North Region Health Net Federal Services, LLC 1-877-TRICARE (1-877-874-2273)
www.healthnetfederalservices.com

TRICARE South Region Humana Military Healthcare Services, Inc. 1-800-444-5445

Active duty programs: 1-877-249-9179 www.humana-military.com

TRICARE West Region TriWest Healthcare Alliance Corp. 1-888-TRIWEST (1-888-874-9378)
www.triwest.com (Source TriCare Communications)

New TriCare Formulary Search Tool - Beneficiaries and providers can use the new TRICARE formulary search tool to find the most up-to-date information about prescription medications. Located at http://pec.ha.osd.mil/formulary_search.php, the new formulary search tool allows beneficiaries to easily find which medicines are in the uniform formulary. These are available at all full-service military treatment facilities and covered by TRICARE. Once a user has identified if a drug is available, they can use the search tool to get information on a drug, such as restriction on use. The tool also shows if the medication is Tier One (with a \$3 copay,) Tier Two (with a \$9 copay) or non-formulary (requiring a \$22 copay.) It also shows when a generic equivalent is required. As an added benefit, the new TRICARE Formulary Search Tool has integrated the Prior Authorization and Medical Necessity forms and criteria into a search engine while still maintaining a page with a complete list of all criteria and forms. Any restrictions such as quantity or age limits are displayed in one location. The search tool's functionalities will increase and become more refined, based on feedback provided by patients and providers. (Source: TriCare Media Center)

TriCare for Life Handbook - The new edition [TRICARE For Life Handbook](#) is now available on the TRICARE Smart website. Visit <http://www.tricare.mil/tricaresmart/product.aspx?id=502&CID=71&RID=3> to download the TRICARE for Life Handbook. (Source: Tricare Smart Website)

Space-A Flights: If it is time for a trip home, but the price of airfare makes it impossible, there is another option: Space-A flights. Space-A refers to seats aboard military aircraft that are offered on a "space available" basis to active duty personnel, family members and retirees at little or no cost. You will want to approach Space-A with open mind and a flexible schedule. There are no perks, but you are flying for free. Luggage restrictions on Space-A flights are more travel-friendly than commercial flights. The Air Mobility Command (AMC) provides information about Space-A travel on its [website](#). Also, every passenger terminal has its own "AMC Gram," a fact sheet that provides valuable travel tips for planning ahead. Find military-only travel deals, Space-Available travel info, discount travel offers, and more at [Military.com's Travel Center](#). (Source: Military Report)

AF Offers Legal Website - Air Force personnel can visit the new [Air Force Legal Assistance website](#) the next time they need a will, power of attorney or just have a legal question. The website is designed for active-duty and reserve component members, retirees and dependents. The website was created to increase efficiency and track client satisfaction with the Air Force legal assistance program. Because it is a public site, clients may access the site's features from the comfort of their homes without a common access card. Clients will need to visit the legal office and provide their ticket numbers from the website in order to obtain their legal documents. For more information, consult your local Judge Advocate General. (Source: NAUS Weekly Report)

Tacoma Chapter of the Society of Military Widows: The Tacoma Chapter of Military Widows is actively trying to reach out to Military Widows in the local area. The organization's goal is to offer support to Military Widows. The Society host a monthly luncheon and meeting on the 1st Tuesday of each month at the McChord Field Collocated Club. For more information you can call Jean Lingg at 206-922-1326 or e-mail bluespader1946@yahoo.com (Source: Tacoma Chapter, Society of Military Widows)

RAO VOLUNTEERS NEEDED: Do you need something extra to help you fill the hours in your days? The McChord Retiree Activities Office has an ongoing need for volunteers. The RAO desk is staffed by retired volunteers. Current hours of operation are 0900 to 1200 hours Monday through Friday and we would like to extend those hours to 1500. You can volunteer for a half day, one day a week, or month or as many days as you like. Volunteers assist retirees, provide directions, answer phones and research questions from fellow retirees their spouses and widows. Volunteering can be extremely enjoyable; it's satisfying knowing that you have helped a fellow retiree or survivor with their needs. We host a business luncheon at the McChord Club on the second Thursday of each month. Feel free to stop by and check out your RAO or call and volunteer at (253) 982-3214 or e-mail us at rao@mcchord.af.mil. (Source: McChord AFB Retiree Affairs)

McChord Heritage Museum's C-82 Packet The design of the twin boom Fairchild C-82 Packet began in 1941, and the mockup was approved by the Army in 1942. Development of the aircraft took only 21 months, resulting in the first flight on 10 September, 1944. The C-82 was designed to meet the need for a large capacity cargo aircraft that could be loaded at near ground level, it represented a great technological advance over the smaller C-46 Commando and C-47 Skytrain transports. The C-82 was designed with twin tail booms that exposed the aft fuselage to enable the loading of oversized cargo and military vehicles. With the rear clamshell doors removed, airdrops could be made from the back ramp. (Continued on next page)



In 1946, the Tactical Air Command and Military Air Transport Service were equipped with C-82s, the 62d Troop Carrier Group received their Packets while stationed at Bergstrom TX in 1946. The unit brought the airplanes to McChord on August 15, 1947 and flew the C-82s from the Base until 1949. During its C-82 period, the 62d gained valuable arctic experience in Project Yukon during January 1948. One infantry company with full field equipment was airlifted from McChord to Big Delta, Alaska. From Big Delta, the 62nd's C-82s flew to Elmendorf Field, Alaska, for the return of another Army unit to McChord. During the first half of 1948, the 62nd flew flood relief supplies to several locations in

Washington and Oregon. McChord crews flew 100 tons of burlap bags, later to be filled with sand, to flood workers.

In late 1948 through early 1949 the Group participated in a mission codenamed Operation Hayride. Operation Hayride was the nickname of the plan developed to airdrop thousands of tons of hay to stranded livestock during unusually harsh winter blizzards which kept ranchers from reaching their herds overland. Operation Hayride brought all available 62nd assets to Naval Air Station (NAS) Fallon, Nevada, to help the livestock in Arizona, Colorado, Kansas, Nebraska, Nevada and Utah. With the operation well under way, President Truman called in additional C-82s from other units to assist in "Hayride". In the end, as much as 80 percent of the livestock in these states were saved.

In 1947, Fairchild developed an improved Packet, which had more powerful engines, increased cargo and weight capacity and a relocated flight deck. The resulting aircraft became the C-119. Due to obsolescence, the Air Force removed C-82's, from its inventory in 1954.

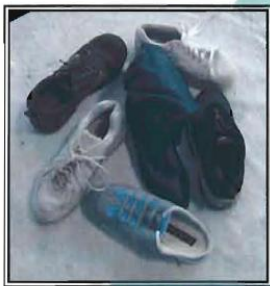


JBLM MCCHORD RECYCLER

MCCHORD FIELD RECYCLES TODAY FOR A BETTER TOMORROW ~ JULY 2010

Items to Recycle at the Recycling Center!

PUBLIC DROP OFF BIN IS LOCATED AT THE RECYCLING CENTER



SHOES, SHOES SHOES!



CELL PHONES AND CHARGERS

CLEAN USED CLOTHING



CD'S AND FLOPPIES

EYE GLASSES



TONER CARTRIDGES



Place the used cartridge back in the packaging, then in the box the new one came in. Bring it by the Recycling Center for drop off.

INKJET CARTRIDGES



McChord Field's Recycler is a product of the Qualified Recycling Program (QRP) Committee:

Michael Grenko
Chief Environmental Management Flight

QRP Manager

Doug Skutch
Quality Assurance

Environmental Attorney

Contracting

Finance

Base Supply

Transportation

Services

AAFES

Commissary

J & M Recycling Inc.
The McChord Field Recycler is produced by the 62 CES/CEV Environmental Fit

BASE RECYCLING CENTER
982-3451

BASE RECYCLING MANAGER
982-3913

Printed on Recycled Paper



IMPORTANT RESOURCE!!!! Keep this and all recycling handouts in a folder for new arrivals to read.