

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

2011 COLA for Retired Pay: The Federal Government announced that the 2011 Cost of Living Adjustment (COLA) for military retirees, disabled veterans, and social security recipients will be zero for the second year in a row. Each year Military Retirement pay, VA Compensation and Pensions, and Social Security benefits are adjusted for the rate of inflation. This annual Cost of Living Adjustment is determined by the [Consumer Price Index](#) for the previous year. In a normal cycle the CPI for a given year is compared to the previous year to determine the actual rate of inflation. However, since 2008 was the last year the rate of inflation was positive, it is the baseline for determining the 2010 rate of inflation. For example, the 2011 COLA will be based on the 2010 rate of inflation. The 2010 rate of inflation was -0.1% when compared to 2008, therefore there will be no COLA for Fiscal Year 2011. *More on Retiree COLA from DFAS:* Cost-of-Living Increases: Perhaps the most common change to retiree pay accounts are the Cost-of-Living (COLA) increases. Currently, federal law authorizes periodic increases to reflect rises in the Consumer Price Index (CPI). COLA increases impact your monthly gross pay, federal withholding tax, SBP premiums and annuities. While DFAS does not establish COLA increases, the agency does apply any authorized increases to your pay, SBP premiums and other account information. COLA is applied depending on your date of entry into the armed forces and your date of retirement. If you entered service on or after Sept. 8, 1980, and became eligible for retired pay on or after Jan. 1, 1996, any authorized COLA will be decreased during your first calendar year of retirement. Full COLA increases will be applied for all subsequent years. Retirees who entered military service on or after Aug. 1, 1986, will have any authorized COLA increases reduced by 1 percent.

Retired chief joining Air Force's retiree council: A new face will share the head of the Air Force Retiree Council table at its annual meeting next year. Chief Master Sgt. of the Air Force Rodney J. McKinley, who retired in November 2009, is succeeding retired Chief Master Sgt. of the Air Force Gerald R. Murray. Chief McKinley's appointment was announced by Air Force Chief of Staff Gen. Norton A. Schwartz. The chief joins retired Lt. Gen. Steven R. Polk, who left active duty in February 2006, as council co-chair. The co-chairs serve as personal advisers to the chief of staff and the secretary of the Air Force on all issues regarding retirees and their families. Meeting at the Air Force Personnel Center here each May, the council receives briefings on the Air Force's current structure and key topics from senior members of the Air Staff and other Air Force elements. This information helps the 20-member panel address issues submitted from 108 base retiree activities offices worldwide. Subjects range from proposed increases in TRICARE fees to publication of the *Afterburner* to various benefit and entitlement enhancements. The council forwards its recommendations on key issues to the Air Force chief of staff and subject matter experts. Chief McKinley's background includes various duties in medical and aircraft maintenance, and as a first sergeant and command chief master sergeant at wing, numbered air force and major command levels. He served as the 15th chief master sergeant of the Air Force. Retirees can write to General Polk or Chief McKinley at HQ AFPC/CCU, 550 C STREET WEST STE 8, RANDOLPH AFB TX 78150-4713. (Courtesy of afpc.retiree@randolph.af.mil)

Scam Alert: Taking Aim at Old Soldiers: Seminars target vets with unwise investments. Their story to older veterans goes like this. We can get you instant eligibility for additional benefits through a quick overhaul of your investments. These self-described “veterans advocates” are in fact unscrupulous investment advisors. They claim that if you purchase their financial products they can make you eligible for Department of Veterans Affairs pensions and other benefits. The pitch involves getting a veteran to transfer retirement assets into an irrevocable trust so that the family appears to be impoverished. This helps to meet eligibility requirements for a VA pension and related programs. As the salesperson explains it, the VA does not look back to see a veteran’s assets history, however Medicare does and when they see that you have transferred your assets in this manner, it could endanger your eligibility for those benefits.

The bigger concern is that the new trust usually contains annuities, long-term investments that are often considered inappropriate for older retirees. Many of these annuities must be held for a decade before paying out any monthly income. They are recommended because they generate high sales commissions for the agent. Other investments pitched by these salespersons at free luncheon seminars are completely bogus. They just take your money and run. What to do? Don’t be fooled by official sounding names. Some sales agents falsely claim affiliations and nonprofit status. Don’t depend on nursing homes, community centers y assisted living facilities to protect you. They are often paid a fee to let volunteers give presentations. Get creditable information on how to qualify for veterans benefits by contacting your state veteran’s affairs agency at www.nasdva.net . Before investing with anyone, check the agent’s record at your states regulatory office. For a list visit www.nasaa.org/QuickLinks/ContactYourRegulator.cfm . (Courtesy of AARP)

Flu shot options set for TRICARE-For-Life beneficiaries:

TRICARE-For-Life beneficiaries have many options when it comes to staying protected during the fall and winter flu season.

Influenza vaccines are covered by Medicare at no cost to TFL beneficiaries as long as they are administered by a Medicare provider who agrees to accept the Medicare-approved amount as full payment. Flu shots are also covered by TRICARE if obtained at participating TRICARE network pharmacies in the United States. Beneficiaries should call ahead to their pharmacy to determine if it participates in the TRICARE program and has vaccine available. To find a participating pharmacy, go to www.express-scripts.com/TRICARE or call Express Scripts toll free at 877-363-1303. Many military clinics or hospitals also offer flu shots to military retirees, often in conjunction with military Retiree Appreciation Days. For a list of upcoming Air Force events, visit <http://www.retirees.af.mil/factsheets/factsheet.asp?id=11781>. Other options may include local health departments and Veterans Administration medical centers. TRICARE officials advise people to always check ahead for availability before making the trip. This year’s influenza vaccine provides protection from three strains of influenza, including the 2009 H1N1 virus. TRICARE covers all age-appropriate doses of vaccines recommended by the Centers for Disease Control and Prevention. For more information about seasonal vaccines and TRICARE visit the flu page at www.tricare.mil/flu. (Courtesy of TRICARE)

TRDP Question of the Month

Q. Since TRICARE Retiree Dental Program (TRDP) annual premium rates are based on projected increases in the cost of dental care, why doesn't the annual maximum also increase every contract year? Why is there a deductible under the TRDP? How can I find out how much I have left of my annual maximum and deductible?

A. As a government-authorized program, the TRDP's scope of covered services as well as all other benefits of the program—including premiums, maximums, and deductibles--were mandated by Congress and the Department of Defense (DoD) in the contract to administer the TRDP at the time it was awarded to Delta Dental of California. This means that any change in the current annual maximum of \$1,200 would have to be approved by Congress and the DoD. Remember also that the TRDP allows a separate annual maximum amount of \$1,000 specifically for services related to dental accidents as well as a \$1,500 lifetime maximum for orthodontic procedures. (Continued on next page)

Deductibles in medical and dental programs such as the TRDP help keep premiums affordable. The TRDP deductible is \$50.00 per person per benefit year, with a \$150 cap per family. Under the TRDP, however, your deductible does not apply toward the most common and necessary diagnostic and basic preventive services such as routine exams, x-rays and cleanings. As a TRDP enrollee, you can access the online Consumer Toolkit[®] to check your remaining maximum/deductible. Simply go to the [TRDP website](#), click on the "[Current Enrollees](#)" section and then click on the "Consumer Toolkit" link. You will need to register to access the toolkit the first time; after that, you will be able to use the Consumer Toolkit as much as you want whenever you want in order to manage all your TRDP benefits. Don't forget that both your annual maximum and deductible start over on October 1 of each year, so be sure to check the Consumer Toolkit frequently between October 1 and September 30 for your remaining balances.

Veterans' Benefits Bill Passes: The Veterans' Benefits Act of 2010 (H.R. 3219, as amended) was recently passed by Congress and President Obama has signed it into law. The Veterans' Benefits Act of 2010 addresses the needs of veterans by enhancing employment opportunities, preventing and caring for homeless veterans, ensuring the welfare of veterans and their families by protecting servicemembers called to combat, honoring fallen servicemembers and their families, strengthening education benefits, addressing housing needs of disabled veterans, and investing in research for Gulf War veterans. Additionally the bill will expand insurance options for disabled veterans, upgrade compensation benefits and employment protections, authorize VA construction projects, and allow the VA to keep using private physicians to quickly and accurately provide veterans with disability evaluations. The full text of the bill, as amended by the Senate, is available on the U.S. Government Printing Office website [U.S. Government Printing Office website](#). . (Courtesy of Military.com Veterans Report)

Grants for Homeless Vets: Secretary of Veterans Affairs Eric K. Shinseki announced that 40 states will share more than \$41.9 million in grants to community groups to provide 2,568 beds for homeless Veterans this year. The Homeless Providers Grant and Per Diem Program provides grants and per diem payments to help public and nonprofit organizations establish and operate new supportive housing and service centers for homeless Veterans. For more information, visit VA's webpage for [VA's National Homeless Providers Grant and Per Diem Office](#). Additionally, VA has a [National Call Center for Homeless Veterans website](#) and the 24-hour hotline at 1-877-4AID VET (1-877-424-3838) where trained counselors assist homeless veterans and their families. (Courtesy of Military.com Veterans Report)

VA extends coverage for Gulf War veterans: Veterans of the first Gulf War as well as current operations in Iraq and Afghanistan now have a smoother path toward receiving health-care benefits and disability compensation for nine diseases associated with their military service. A final regulation published in the Sept. 29 Federal Register relieves veterans of the burden of proving these diseases are service-related: Brucellosis, Campylobacter jejuni, Coxiella Burnetii (Q fever), Malaria, Mycobacterium tuberculosis, Nontyphoid Salmonella, Shigella, Visceral leishmaniasis and West Nile virus. VA Secretary Shinseki added the new presumptions after reviewing a 2006 National Academy of Sciences Institute of Medicine report on the long-term health effects of certain diseases suffered among Gulf War veterans. He extended the presumptions to veterans of Afghanistan, based on NAS findings that the nine diseases are prevalent there as well. The new presumptions apply to veterans who served in Southwest Asia beginning on or after the start of Operation Desert Shield on Aug. 2, 1990, through Operation Desert Storm to the present, including the current conflict in Iraq. Veterans who served in Afghanistan on or after Sept. 19, 2001, also qualify. For Secretary Shinseki, who pledged to honor the 20th anniversary of the Gulf War by improving health-care access and benefits for its 697,000 veterans, the new presumptions represent a long-overdue step in addressing the medical challenges many face. "This is part of historic changes in how VA considers Gulf War veterans' illnesses," he said. "By setting up scientifically based presumptions of service connection, we give these deserving veterans a simple way to obtain the benefits they earned in service to our country." The new presumptions initially will affect nearly 2,000 veterans who have been diagnosed with the nine specified diseases, John Gingrich, VA's chief of staff, told American Forces Press Service. (Continued on next page)

He acknowledged that the numbers will climb as more cases are identified. A veteran needs only to show service in Southwest Asia or Afghanistan during the specified time periods to receive disability compensation, subject to certain time limits based on incubation periods for seven of the diseases. "It gives them easier access to quality health care and compensation benefits," Mr. Gingrich said. "The message behind that is that the VA is striving to make access to health care easier for our veterans who have served in our combat zones." He expressed hope that by providing quick, easy access, VA will help veterans get the care they need early on, without having to fight the bureaucracy. "When we find these presumptions and we reach out and get the veterans into our system, we can help them and give them the proper medical care they need, and maybe keep their disease from getting worse or getting it to go away altogether," he said. It also will help eliminate the piles of paperwork and long claims adjudication process veterans had to go through to prove their cases to receive care and benefits. "This will help break the back of the backlog in the long run, while sending a reassuring message to veterans that the VA is there for them," Mr. Gingrich said. He called the new presumptions part of Secretary Shinseki's effort to "create a culture of advocacy" within VA that builds trust as it reaches out to veterans. For Mr. Gingrich, a Gulf War veteran himself, the effort is very personal. He remembers being deployed as a 1st Infantry Division field artillery battalion commander during Operation Desert Storm, when one of his officers became very sick with an illness nobody could diagnose. "The medics couldn't diagnose it. We called in the doctors and they couldn't diagnose it. And eventually, he had to be medevaced back," he recalled. "And now here we are, 20 years later, and I saw him in Dallas in August, and he is still sick. You can't identify all the reasons and symptoms, but he is sick." Veterans deserve better, Mr. Gingrich insisted. "I believe that our veterans that served in uniform for our country deserve the absolute best care and benefits that we can provide," he said. VA provides benefits to more than 3.8 million veterans and beneficiaries, and received more than 1 million claims last year alone, VA officials reported. Veterans without dependents receive a basic monthly compensation ranging from \$123 to \$2,673. For more information, contact the VA at 800-827-1000, or visit www.va.gov. (Courtesy of American Forces Press Service)

For Best Health, Take Medicine as Prescribed: Drugs must be taken exactly as prescribed, without missing doses, if they are to work to their full potential. Failure to take medications exactly as directed, also called medication adherence, can lead to illness or even death. According to the Food and Drug Administration (FDA), factors that can affect medication adherence include a patient's belief that treatment is unnecessary or not effective, confusion about how and when to take medication and the cost of medications. Medication adherence may be especially difficult for patients taking multiple medications or those with complex dosing schedules. "It is best to follow the doctor's prescribed therapy to effectively treat an illness," said Rear Adm. Thomas McGinnis, chief of TRICARE's Pharmaceutical Operations Directorate. "Patients should let their doctor or pharmacist know if the prescription directions are not clear." In the case of taking an antibiotic for a minor respiratory infection, patients may feel better before taking the last dose. But not finishing a prescription can make it more difficult to treat the illness if it comes back or lead to other complications. "Patients often stop taking antibiotics when they begin to feel better," McGinnis said. "Unless they complete the prescription, it's possible that some of the bacteria that are making them sick are still alive. This can result in the development of strains of bacteria resistant to treatment with common antibiotics, which presents a serious public health risk."

Other tips for medication adherence include:

- If the benefits and risks of taking prescribed medications are not clear, patients should discuss concerns with their doctor or pharmacist. Many maintenance medications are intended to reduce risk for serious, life-changing events such as heart attacks or strokes. A patient may or may not feel any different while taking these medications, but they can have a major impact on their future health.
- If a patient is experiencing side effects, his or her doctor may be able to reduce the dosage, change dosage timing or switch to a different medication.
- If patients tend to forget to take medications on time, possible solutions include keeping a written or computerized schedule of medications, setting up computerized reminders, using daily dosing containers, keeping medications in an easy place to find and linking medication schedules to their daily routine.

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- Patients should talk to their doctor or pharmacist to explore less costly but equally effective alternatives to prescribed medications. Filling prescriptions at a military pharmacy or by TRICARE home delivery option (mail order) can decrease out-of-pocket costs.
- Patients should allow enough time to get refills. For maintenance medications, the TRICARE home delivery option offers lower out-of-pocket costs, provides 90-day supplies of medications, and allows beneficiaries to sign up for automatic refills. Learn more about medication adherence and other related topics from the FDA at www.fda.gov/drugs/resourcesforyou. For more information about enrolling in the TRICARE home delivery option, see www.tricare.mil/homedelivery. (*Courtesy Tricare.mil*)

CDC Launches National ALS Registry: In a groundbreaking step to learn more about Amyotrophic Lateral Sclerosis, also known as ALS or Lou Gehrig's disease, the Agency for Toxic Substances and Disease Registry (ATSDR) has launched the [National ALS Registry](#). The registry is a national database that provides an opportunity to better understand one of the most common neuromuscular diseases worldwide, affecting people of all races and ethnic backgrounds, especially between the ages of 55 and 75. The registry will gather and organize information about potential and known risk factors and symptoms of ALS. This information can help researchers evaluate shared risk factors common among patients, such as heredity or possible environmental exposures, and help estimate the number of ALS cases diagnosed each year. ALS causes human nerve cells to stop functioning and eventually die. A diagnosis of the disease usually is followed by muscle weakness, paralysis, and eventually death. Scientists estimate 30,000 people in the United States have the disease. Each entry in the registry includes a patient's health history, work experiences, and family medical histories. Individual patient information in the registry will be confidential and will not be publicly released. Patients choosing to participate can click on the link in the opening paragraph to register.

Note: VA added ALS to the list of presumptive conditions related to military service in September 2008. VA based its decision on medical studies showing a higher than expected incidence of ALS among veterans. One study, conducted by Harvard University in 2004, found service members had a nearly 60 percent greater risk of the disease than their civilian counterparts. (*Courtesy of NAUS*)

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 hosts 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 253-219-7388 (*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*)



The McChord Heritage Museum's C-45 Expediter

The prototype Beech Model 18 was flown for the first time in 1937. First acquired by the Army in 1940, eventually over 4,000 were built for the U.S. Army Air Force and over 1,500 for the U.S. Navy. The Air Corps ordered eleven Beech Model B18S aircraft in late 1939 and designated them as C-45 Expeditors. The planes were essentially identical to the civilian version of the aircraft and used by the Army for light transport, staff and liaison missions. At the outbreak of the war, the Army Air Corps ordered the C-45 into production. Work also began on a variant specifically for training pilots, bombardiers and navigators. The effort resulted in the Army AT-7, AT-11, the Navy SNB, and SNB-2

navigation trainers. In the AT-11 version, bomb bay doors, a glass nose and an upper gun turret were added for bombing and gunnery training. In the AT-7 version (and Navy SBN), up to three astrolobes (plexi-glass domes) in the roof of the cabin were added, with matching stations inside the cabin for navigational training. There was even, eventually, an experimental XA-38 attack version with a huge cannon in the nose, although it never went into production. After the end of WWII, some C-45s were declared surplus and sold on the civilian market; however, large numbers of C-45's were kept and used as light transport, training and liaison aircraft. In 1951, the Air Force authorized a large upgrade program for a large number of C-45, AT-7 and AT-11 aircraft, because of the extensive modifications; all were re-designated as C-45G or C-45H and assigned new 1951 serial numbers. During the major overhaul process, the planes were completely torn down and inspected. Worn and damaged parts were replaced along with several planned upgrades. The center wing section was replaced with a new and stronger assembly. The landing gear was replaced with a stronger version. The propellers were replaced by constant speed, feathering models. The instruments were replaced and in many cases, upgraded to more modern versions. Finally, an autopilot system was added. A total of 372 aircraft were converted and continued to serve the USAF throughout the 1950s and into the 1960s. In 1951 a separate, but similar program converted 96 C-45s to navigation trainers. These aircraft had most of the same upgrades as the C-45Gs and also had an interior upgrade to accommodate a pilot, co-pilot/navigator instructor and three navigator students. These aircraft were designated as TC-45G. The C-45 flew in US Air Force service until 1963, the US Navy retired their last SNB in 1972 while the US Army flew their C-45s through 1976.

WHO SHOULD BE NOTIFIED IN THE EVENT OF MY DEATH:

1. Defense Finance and Accounting Service (800) 321-1080 or (216) 522-5955
2. Social Security Administration (for death benefits) (800) 772-1213
3. Department of Veterans Affairs (if applicable) (800) 827-1000
4. Office of Personnel Management (if applicable) (724) 794-8690
5. Any fraternal group that you have membership with such as MOAA, FRA, NCOA, VFW, AL, TREA
6. Any previous employer that provides pension benefits.

For casualty assistance, the McChord Casualty Assistance Office phone number is (253) 982-3821 and the email address is 62aw.casualty@mcchord.af.mil. Survivors may call for an appointment after receiving the deceased's death certificate. The representative will provide the caller with a list of required documents needed. *(Courtesy of Maxwell-Gunther Retiree News)*



Reduce
Reuse
Recycle



It's the right thing to do!

McChord Field Recycling Center Location

Public drop-off bins are always open!

We Take:

- Aluminum
- Any Paper
- Cardboard
- Tin
- Glass
- Plastics
- Clothing
- Cell Phones
- Mike Cartons
- Drink Boxes
- Scrap Metal
- Most Appliances (call for info)
- Electronics
- (TV's, Computers & Monitors)
- 24 Hour drop-off

Base Residents may bring:

(These items are not accepted from off base residents)

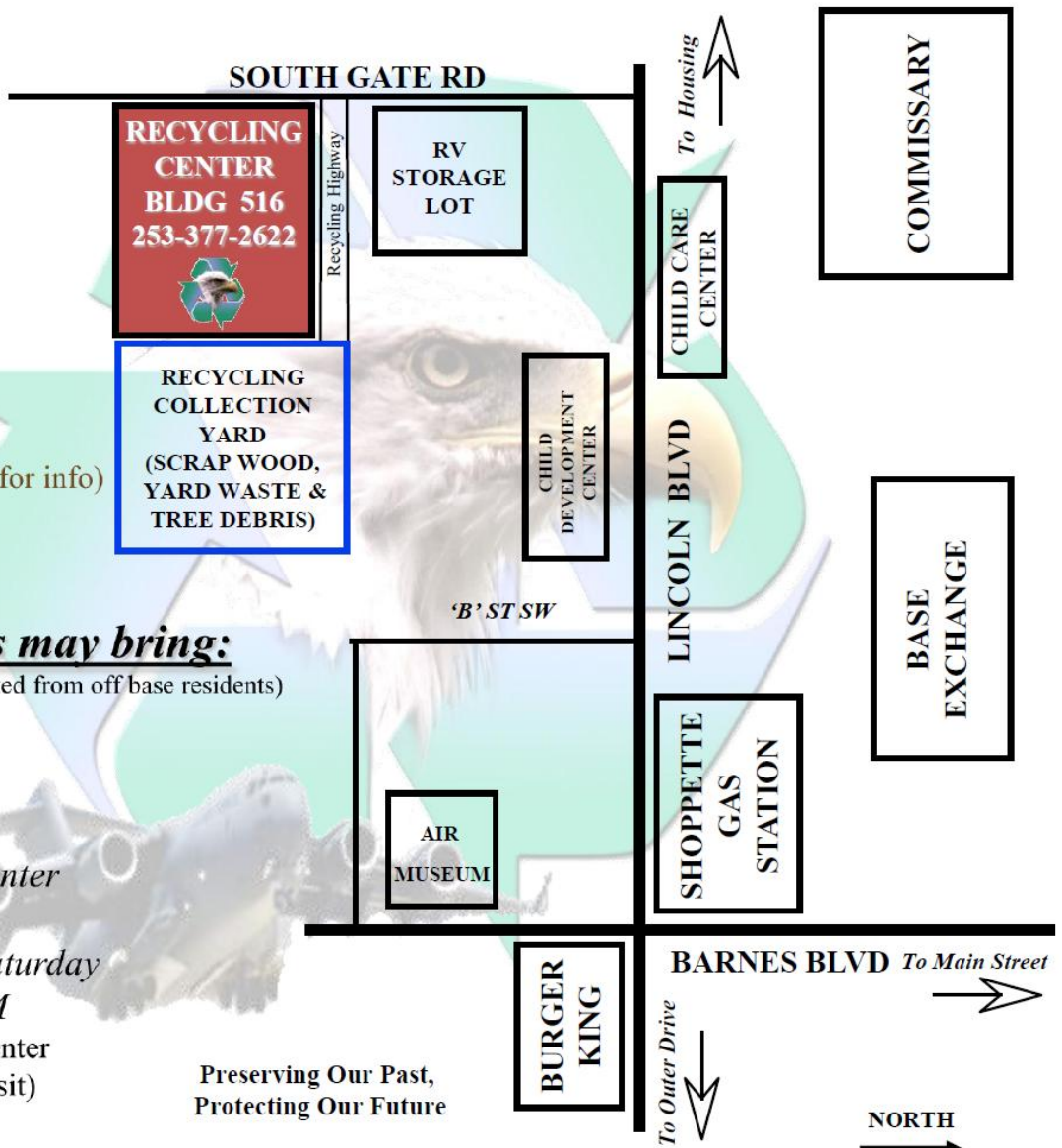
- Scrap Wood
- Tree Debris
- Yard Waste

*to the Recycling Center
Collection Yard*

Monday through Saturday

7:30 AM – 4:00 PM

(Contact Recycling Center
Manager prior to deposit)



Preserving Our Past,
Protecting Our Future