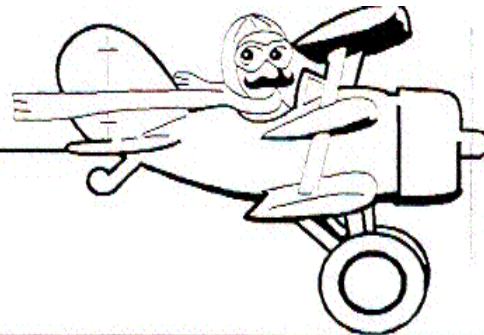


# HANGAR FLYING

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A Publication of the JBLM McChord Field 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 Field WA 98438-1114; Phone (253) 982-3214 (Voice Mail 24 hours a day) Fax 253-982-5234. Email – [rao.mechord@us.af.mil](mailto:rao.mechord@us.af.mil) Web Site [www.mechordrao.com](http://www.mechordrao.com)**  
**Retiree Activities Office: Open 0900-1200 Monday - Friday**

**Panel Votes 'Sensible' TRICARE Hike:** The House Armed Services Committee has endorsed key portions of the Obama administration's plan to begin to raise out-of-pocket costs modestly for some [TRICARE](#) beneficiaries, particularly working-age retirees.

The committee voted to allow the first bump in [TRICARE Prime](#) enrollment fees in more than 15 years. Retirees not yet eligible for Medicare would see a \$30-a-year fee increase to \$260, for individual coverage and a \$60 hike to \$520, for family coverage.

The bill also would allow these fees for retirees to be adjusted each year to keep pace with inflation. But while the Department of Defense wanted the fees indexed to medical inflation nationwide, the committee's language would cap any increase to the percentage rise in retired pay made through by the annual [COLA](#) or cost-of-living adjustment.

The committee's final version of the defense authorization bill for fiscal 2012 also would allow co-pays to rise by \$2 or \$3 on [prescriptions filled](#) in the TRICARE network of retail pharmacies, a move to encourage greater use of TRICARE mail order.

The bill also would express "the sense of Congress" that career members and their families make "extraordinary sacrifices to protect freedom for all Americans and that those sacrifices constitute pre-payment for health care during retirement." This language has been long sought by military retiree associations to discourage any future Congress from raising health care costs dramatically for military retirees. *(Source: Tom Philpott)*

## Proposal would save \$3.2 billion in health care costs

by Army Sgt. 1st Class Michael J. Carden American Forces Press Service

The Defense Department's proposal to reform the TRICARE health plan and the military health system would save at least \$3.2 billion between 2012 and 2016, the Pentagon's chief financial officer told Congress on May 4. In testimony before the Senate Armed Services Committee's personnel subcommittee, Robert F. Hale said the initiatives would support President Barack Obama's debt-reduction plan, which calls for a \$4 trillion reduction in the federal budget by 2023.

President Obama's plan includes a reduction of \$78 billion in DOD's fiscal 2012 budget and an additional \$400 billion in national security cuts through 2023.

Mr. Hale said that although \$3.2 billion is only modest savings toward the president's overall goal, the savings are "substantial" within DOD.

"The federal government as a whole would save money under this plan -- not a lot, but there are modest savings," he explained. "The department savings from this proposal would be very substantial. We're looking out over the whole career of an individual and setting aside money to pay for it, so you immediately see major effects."

The fiscal 2012 budget request calls for \$52.5 billion to support the military health system's 9.6 million beneficiaries, which include retirees, active-duty members and their families. The department's health care bill has more than tripled from \$19 billion in 2001.

"We've got to find ways to maintain the quality of health care but slow the growth in cost," Mr. Hale said. "Meeting that challenge begins with streamlining operations at the health affairs headquarters", he said, which means cutting more than 700 civilian contractors from the TRICARE staff. *(Continued on next page)*

“The proposal also calls for reforms for beneficiaries, including a maximum \$5 per month increase for working-age military retirees under 65, raising the co-payment for prescription drugs, and regulatory changes that would eliminate special subsidies for community hospitals that serve beneficiaries”, Mr. Hale said.

Mr. Hale noted that TRICARE enrollment fees have not increased since Congress appropriated funds for the program in 1994.

“Families pay an estimated \$460 annually for TRICARE Prime coverage, but had the fees been indexed today to meet the growth in per capita national health expenditure, those fees would now be more than \$1,000 per family each year”, he said.

“Beginning in 2013, future enrollees would pay fees based on the national health expenditure if the proposal is enacted”, Mr. Hale said, “and that”, he added, “still would be significantly less than what beneficiaries would pay in the private sector for health insurance”.

“The proposals would save an estimated \$430 million over the next five years and would stabilize cost sharing in TRICARE at a level much more favorable than what Congress envisioned in the 1990s”, Mr. Hale said.

“Reform proposals in pharmaceuticals include incentives for allowing the department to prescribe generic drugs and deliver prescriptions by mail, saving \$2.5 billion by 2016”, he added.

Mr. Hale told the panel that the rates DOD pays to "sole community hospitals" that serve military beneficiaries are substantially higher than the rates it pays to other hospitals. Sole community hospitals are determined by Medicare rules that factor in distance from other hospitals, capacity and other criteria.

Federal law requires that the department adopt Medicare rates when practical, and combined with lower rates paid to sole community hospitals, the proposal would save the department \$395 million through 2016, Mr. Hale said.

"We will phase in this change slowly, at least over a four-year period, in order to avoid adverse effects on care provided at these hospitals," he added.

Mr. Hale also discussed the department's proposal for equitable treatment for all Medicare-eligible military retirees.

“Under current law”, he said, “some Medicare-eligible enrollees are allowed to remain in the U.S. Family Health Plan, a TRICARE Prime option that provides care to active-duty family members and all military retirees regardless of whether they participate in Medicare Part B, which covers doctor services, outpatient care and home health services that Part A does not”.

“DOD officials”, Mr. Hale added, “seek legislation that requires those who are part of the U.S. Family Health Plan to join Medicare, as all other retirees must.

“This, he added, “will ensure that TRICARE does not pay claims that exceed Medicare rates when military retirees qualify for both programs”.

"We will make these fee changes very gradually, very slowly, and 'grandfathering' all those who are currently over age 65 and in the Family Health Plan, so it will take place over a number of years," Mr. Hale said. "I particularly ask the committee's support for the provisions affecting the sole community hospitals and for legislation to permit changes to the U.S. Family Health Plan."

“The proposals are more than reasonable”, Mr. Hale said, “and strikes a solid balance between bringing savings and maintaining quality health care for veterans and their families”.

“None of the proposals would affect active- duty troops”, he emphasized.

"These proposals generate savings that will help us pay for needed training and equipping of the armed forces," Mr. Hale said. "If we don't get authority to do this, we'll face major holes in the military budget, and it will be very hard to handle in difficult budgetary times. But most importantly, these proposals will lay the groundwork for a sustainable future of the military health care system." (*Source: Air Force News Service*)

**Air Force March 2011 e-Afterburner Posted on Retiree website:** The March 2011 edition of the *e-Afterburner* has been posted on the Air Force retiree website at [www.retirees.af.mil/afterburner/](http://www.retirees.af.mil/afterburner/). This edition is available in both .doc and .pdf formats for downloading and printing. (*Source [www.retirees.af.mil](http://www.retirees.af.mil)*)

**Removal of Social Security Numbers from Military ID Cards:** To protect your privacy and personal identity information, the DoD is removing Social Security Numbers (SSNs) from all ID cards. Instead, a DoD ID number and a unique DoD Benefits Number will be printed on the cards.

**TRICARE Benefits are Not Changing** Your benefits and how you get care will not change. All TRICARE contractors (regional, pharmacy, dental, etc.) can use the DoD Benefits Number instead of the sponsor's SSN to verify eligibility and process claims. The DoD Benefits Number is a unique number like the SSN and will ensure that your records are clearly aligned with you and your care. **No Need to Do Anything Now:**

You will get the new ID card with your unique DoD Benefits Number when your current ID card expires. Eventually all cards will be replaced, but for now your provider or pharmacist can use either the SSN or the DoD Benefits Number to verify eligibility and process claims. **Retired service members** usually have an indefinite expiration date. You may visit a local ID card office to have your ID card replaced, but the priority will be to get active duty service member cards replaced first. **Please call first to see if the ID card office can assist you.** **Getting Care at Military Treatment Facilities:** If you get care at a military treatment facility (MTF), you will need to provide your SSN if it is not on your ID card. This is only temporary until changes are made to the electronic health record (AHLTA) system used at MTFs allowing it to recognize your new DoD ID number and DoD Benefits Number through a bar code swipe. (Source: TRICARE)

## **TRICARE Beneficiaries Asked to Consider the Link Between Kidney and**

**Heart Disease:** More than 20 million adults have chronic kidney disease and an estimated 16.3 million have heart disease. Over 7.1 million have both. The National Institute of Diabetes and Digestive and Kidney Diseases asks people to consider the link and what they can do to protect their kidney health. Diabetes and high blood pressure can damage the kidneys and lead to kidney disease. Kidney disease is often a chronic disease that typically gets worse over time. It can lead to kidney failure, at which point dialysis or a kidney transplant may be needed. Diabetes and high blood pressure are not the only risk factors for kidney disease. TRICARE beneficiaries should check with their doctor about getting tested for kidney disease if they have cardiovascular (heart) disease or if a mother, father, sister or brother has had kidney failure. The earlier kidney disease is found, the sooner you can start medical treatment and take other steps that can keep your kidneys healthier longer.

The National Institutes of Health (NIH) suggests at least 10 things people can do to be kind to their kidneys. Topping the list is getting tested for kidney disease if they have diabetes, high blood pressure or a family history of kidney failure. Pathology and laboratory services are covered under TRICARE. Coverage and out-of-pocket costs are dependent on the beneficiary's eligibility and may vary according to the program option he or she is enrolled in. A beneficiary should contact his or her regional contractor or TRICARE Area Office for more information. Two tests are used to check for kidney disease. A blood test checks glomerular filtration rate (GFR), which tells how well kidneys are filtering the patient's blood. A urine test checks for albumin in the urine. Albumin is a protein that can pass into the urine when the kidneys are damaged. Other than testing, the NIH also suggests people learn how to keep their kidneys healthy. Some things included on the NIH website that can be done include:

- Keeping blood pressure below 130/80 mmHg
- Maintaining ideal weight
- Being physically active
- Limiting alcohol, caffeine and daily sodium intake
- Keeping blood cholesterol levels in the target range
- Eating healthy – choosing fruits, vegetables, grains and low-fat dairy foods
- Taking all medicines as prescribed

To review the entire list of “Things you can do to protect your Kidney Health,” go to [www.nkdep.nih.gov/KidneyMonth/](http://www.nkdep.nih.gov/KidneyMonth/). (Source: )

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## **TRICARE Resources**

West Region TriWest Healthcare Alliance Corp. 1-888-TRIWEST (1-888-874-9378) [www.triwest.com](http://www.triwest.com)

### **TRICARE Programs and Toll-Free Numbers**

TRICARE For Life 1-866-773-0404  
TRICARE Pharmacy Program 1-877-363-1303  
US Family Health Plan 1-800-748-7347  
Military Medical Support Office 1-888-647-6676

TRICARE Dental Program 1-800-866-8499  
TRICARE Retiree Dental Program 1-888-838-8737  
TRICARE Active Duty Dental Program 1-866-984-2337

**DEERS Web site:** [www.dmdc.osd.mil/appj/address/](http://www.dmdc.osd.mil/appj/address/) or Beneficiary Web Enrollment Web site:  
[www.dmdc.osd.mil/appj/bwe/](http://www.dmdc.osd.mil/appj/bwe/)  
1-800-538-9552 or 1-866-363-2883 (TTY/TDD)  
1-831-655-8317 (fax)  
Find a local ID card-issuing facility: [www.dmdc.osd.mil/rsi](http://www.dmdc.osd.mil/rsi)

### **Eligibility and Enrollment**

[www.tricare.mil/DEERS](http://www.tricare.mil/DEERS) 1-800-538-9552  
Beneficiary Web Enrollment Web Site: <https://www.dmdc.osd.mil/appj/bwe/>

### **TRICARE Programs**

TRICARE Dental Program: [www.tricaredentalprogram.com](http://www.tricaredentalprogram.com)  
TRICARE Retiree Dental Program: [www.trdp.org](http://www.trdp.org)  
TRICARE Active Duty Dental Program: [www.addp-ucci.com](http://www.addp-ucci.com)  
TRICARE Pharmacy Program: [www.express-scripts.com/TRICARE](http://www.express-scripts.com/TRICARE)

### **Getting Care**

[www.tricare.mil](http://www.tricare.mil) Enter your profile to get the specific requirements for your region.  
Find a Provider [www.tricare.mil/ProviderDirectory](http://www.tricare.mil/ProviderDirectory)  
MTF Appointments Online: [www.tricareonline.com](http://www.tricareonline.com)  
MTF Locator: [www.tricare.mil/mtf](http://www.tricare.mil/mtf)  
Find a TRICARE Service Center (TSC): [www.tricare.mil/tsc](http://www.tricare.mil/tsc)  
Referrals and Authorizations: [www.tricare.mil/mybenefit](http://www.tricare.mil/mybenefit)

### **Covered Services**

[www.tricare.mil/coveredservices](http://www.tricare.mil/coveredservices)

### **Costs**

[www.tricare.mil/costs](http://www.tricare.mil/costs)

### **Claims**

[www.tricare.mil/claims](http://www.tricare.mil/claims)

### **FORMS**

[www.tricare.mil/forms](http://www.tricare.mil/forms) (Source: TriCare Communications)

**Allergy Test Covered for TRICARE Beneficiaries:** Every year millions of Americans suffer from allergies, with symptoms ranging from irritating to life-threatening. TRICARE beneficiaries are eligible to receive care for the testing and treatment of conditions relating to allergies. According to the National Institute of Allergy and Infectious Diseases (NIAID), allergy symptoms are the result of inappropriate responses by the body's immune system to normally harmless substances. Allergic reactions can be caused by airborne particles like dust or pollen, foods such as peanuts or an insect sting or bite. Knowing what substance causes a reaction can improve quality of life for allergy sufferers and avoid unpleasant surprises down the road. An allergy to a common food ingredient like wheat can cause a variety of seemingly unrelated symptoms such as itchy rashes, nasal congestion or nausea. A parent does not want to discover their child is allergic to bees only after they are stung.

Tests administered by allergists can identify most allergies. The most common allergy tests are either skin or blood tests. For some food allergies, an allergist will recommend an elimination diet to link certain foods to specific symptoms. Once an allergy is diagnosed, beneficiaries can treat it with over-the-counter or prescription medications. Allergists sometimes recommend allergy sufferers change their behavior or diet to avoid an allergy causing substance. An allergist can also prescribe a series of shots called immunotherapy, designed to gradually desensitize the immune system to a specific allergic trigger.

TRICARE covers prescription medication approved by the FDA and allergy treatments administered by allergists. However, beneficiaries are responsible for the cost of most over-the-counter medications. To see if a medication is covered by TRICARE, use the online formulary search tool, [www.pec.ha.osd.mil](http://www.pec.ha.osd.mil). TRICARE Prime beneficiaries must get a referral from their primary care manager to see an allergy specialist. A low copayment applies for retirees, their family members, former spouses and survivors on Prime. TRICARE Standard and other beneficiaries may get testing at any TRICARE authorized provider, but annual deductibles and cost shares apply. Out-of-pocket costs are lower at TRICARE network providers. At-home allergy testing products purchased over-the-counter are not covered by TRICARE. For more information about allergies, visit the NIAID online at [www.niaid.nih.gov](http://www.niaid.nih.gov). Beneficiaries can get more information on the allergy services TRICARE offers and how to arrange care by visiting TRICARE's website at [www.tricare.mil/mybenefit/allergy](http://www.tricare.mil/mybenefit/allergy). (Source TriCare Communications)

**TRICARE COVERS CANCER TEST:** TRICARE has added coverage for the enhanced cervical cancer screening test called HPV DNA. The test is covered as a cervical cancer screening under TRICARE's clinical preventive services when performed in conjunction with a Pap smear for women aged 30 and older. Preauthorization for HPV testing is not required, and beneficiaries have no copayments or cost-shares for routine cervical cancer screening under TRICARE. TRICARE also covers the CDC recommended vaccine series to prevent HPV infection in girls as well as screening for breast, colorectal and prostate cancer without cost shares or co pays. For more information, visit the [TRICARE website](#). (Source Military.com, Military Report)

**Disability Board of Review:** The Department of Defense (DoD) Physical Disability Board of Review (PDBR) reviews disability cases for veterans (discharged between 9/11/01 and 12/31/09, with a 0, 10, or 20% combined disability) in order to determine if the individual should have been awarded a disability retirement (30% combined disability level or higher). Of the roughly 70,000 eligible veterans, just over 2,100 have applied to the PDBR as of March 2011. To apply for a review, a veteran must complete DD form 294 and send it to the PDBR. For more information, visit the [Military Health System website](#). To learn more about your state's veteran benefits, visit the Military.com [State Veteran's Benefits Directory](#). (Source Military.com Veterans Report)



**Tricare Shares the Many Benefits of Fiber Rich Foods:** Almost everyone hears about the need for enough fiber in their diet, but few understand the importance of dietary fiber. Most people get less than half the recommended amount of fiber each day, according to the National Institutes of Health. Higher intake of fiber from all food sources is beneficial. Not only can fiber relieve constipation, some studies suggest that high-fiber diets might also help with weight loss and reduce the risk for cardiovascular disease, diabetes and cancer. The strongest evidence of fiber's benefits is related to cardiovascular health. Several large studies that followed people for many years found that those who ate the most fiber had a lower risk for heart disease. The links between fiber and cardiovascular health were so consistent that these studies were used by the Institute of Medicine to develop the Dietary Reference Intakes for fiber. Lots of great tasting foods contain fiber. Berries and citrus fruits are good sources, and if you are looking for other snacks with fiber, try air-popped popcorn or nuts. TRICARE beneficiaries are encouraged to fit fiber in their diets because of the many health benefits. The Centers for Disease Control and Prevention (CDC) recommends 14 grams of dietary fiber for every 1,000 calories that a person consumes each day. Fiber is a substance found in plants. Dietary fiber – the kind you eat – is found in fruits, vegetables and grains. There are two different types of fiber – soluble and insoluble. Both are important for health, digestion and preventing diseases.

**Soluble fiber is found in:** Oatmeal, Oat bran, Nuts and seeds, most fruits (strawberries, blueberries, pears and apples) and Dry beans and peas.

**Insoluble fiber found in:** Whole wheat bread, Barley, Brown rice, Couscous, Bulgur or whole grain cereals, Wheat bran, Seeds, Most vegetables and Fruits.

Beneficiaries may find it challenging to eat all of their daily fiber grams. The CDC provides several tips to jumpstart intake of dietary fiber. Choose whole fruits more often than fruit juice. Try to eat two vegetables with evening meals. Keep a bowl of veggies already washed and prepared in the refrigerator for a quick snack. Make a meal around dried beans or peas (also called legumes) instead of meat. Choose whole grain foods more often. Start the day with a whole grain breakfast cereal low in added sugar – top cereal with fruit for even more fiber. To learn more about healthy eating and living habits, visit [www.tricare.mil/getfit](http://www.tricare.mil/getfit). (Source *Tricare Media Center*)

**Obesity:** Sleep regulates appetite, energy use and weight control. Studies show that the less people sleep, the more likely they are to be overweight or obese. They also prefer eating foods higher in calories and carbs.

### **How Can I Get Better Sleep?**

For one, if you exercise, try to exercise in the morning or midday, as opposed to nighttime. “Studies show that exercise in the evening delays the extra release of melatonin at night that helps the body fall asleep. Exercise in the daytime, on the other hand, is linked to improved nighttime sleep,” reports the NHLBI Sleep Guide.

Additionally, the University of Maryland Medical Center’s website offers a few suggestions for better sleep:

- Avoid caffeine four to six hours before bedtime.
- Avoid watching television before bed, or while in bed.
- Practice relaxation techniques, such as light yoga or breathing exercises before bed.
- Avoid long naps during the day (no more than 30-45 minutes). (Source: *TriCare 2 You*)

**Deadline for Stop Loss Has Been Extended Again:** The deadline for eligible servicemembers, veterans and their beneficiaries to apply for Retroactive Stop Loss Special Pay (RSLSP) has been extended again to Oct. 21. The RSLSP compensates military members for the hardships they encountered when their service was involuntarily extended under Stop Loss Authority between Sept. 11, 2001, and Sept. 30, 2009. Eligible members or their beneficiaries may submit a claim to their respective military service in order to receive the benefit of \$500 for each full or partial month served in a top-loss status. To apply or for more information, visit the [Department of Defense Retroactive Stop Loss Special Page](#). (Source: *Military.com Veterans Report*)

**New VA Caregiver Support Program Launched:** This month VA began *The Program of Comprehensive Assistance*. It builds on the foundation of Caregiver support now provided at VA and reflects what families and clinicians have long known: that Family Caregivers in a home environment can enhance the health and well-being of Veterans under VA care.

Caregivers perform a valuable service for Veterans. They share in VA's daily charge: to serve those "who have borne the battle." Caregivers are "partners" with VA in providing excellent health care. Their care allows Veterans to remain in their own home. Caregivers also play an important role in supporting Veterans who are hospitalized or living outside their home.

This new program provides support to eligible post-9/11 Veterans. It is for Veterans who want to receive their care in a home setting from a Family Caregiver. Caregivers that qualify can receive funding, training, and mental health services. They may also have access to health insurance if they are not already under a health care plan. More details are available from the [VA Caregiver web site](#).

For additional help, contact your Caregiver Support Coordinator at your local VA Medical Center; or dial toll-free 1-877-222 VETS (8387). (Source: *My HealtheVet*)

**VA Compensation Aid and Attendance:** Aid and Attendance (A&A) is a need-based, tax-free, Department of Veterans Affairs (VA) pension that supports wartime veterans and their spouses who cannot pay for non-service-related medical needs. About 182,000 veterans and their spouses take advantage of the A&A benefit. VA officials say many more are eligible but do not know the benefit is available to them. Beneficiaries must be at least 65 years old and need help with at least one activity of daily living: dressing, eating, walking, bathing, adjusting prosthetic devices or using the toilet. Those who are blind, living in nursing homes or require in-home care may also be eligible. For more information, contact your nearest VA facility or visit their website <http://www.va.gov/website>. (Source: *Military.com Veterans Report*)

**Don't like waiting on the phone?** While Defense Finance Accounting Service customer care representatives are always happy to take your calls, there are a few other convenient ways to get in touch with Retiree & Annuitant Pay.

1. If you are calling to make changes to your account such as updating your direct deposit information, correspondence address or tax withholding, you can make those changes yourself using [myPay](#), 24 hours a day, 7 days a week.

2. Submit a question through [AskDFAS](#) and we will respond to you via email.

3. Visit our [forms page](#) for printable forms and helpful instructions on how to complete them.

4. Send a written request to:

Fax Retired Pay: 800-469-6559

Fax Annuitant Pay: 800-982-8459

We're always trying to make it easier for you to get answers to your questions. Using these options and creating a *myPay* account can help you manage your retired pay account quickly and easily. (Source: *DFAS Retired Pay Newsletter*)

**RAO VOLUNTEERS NEEDED:** The JBLM McChord Field Retiree Activities Office is looking for volunteers. Military retiree volunteers, their spouses and survivors staff the RAO desk. Our hours of operation are 0900 to 1200 hours Monday through Friday. Volunteers assist retirees with several actions including serving as an information center for space-available travel, Tricare and base services, offering referrals for financial assistance, pay matters, and providing literature on retirement issues. You can volunteer for a day a week, a day a month or as many days as you like. Working with your fellow retirees can be an enjoyable experience. It is a satisfying feeling knowing that you have helped a fellow retiree or survivor with their needs and problems. It is also great to get together and rub elbows with fellow retirees and their spouses all working together to help the local retired military community. We hold a no hoist business luncheon at the McChord Club on the second Thursday of each month. Feel free to stop by and check us out or call and volunteer at (253) 982-3214 or e-mail us at [rao@mcchord.af.mil](mailto:rao@mcchord.af.mil). (Source: *McChord AFB Retiree Affairs*)



**McChord Heritage Museums T33 Shooting Star.** Popularly known as “T-Bird” the Lockheed T-33A was developed 1948 as a two-placed version of the F-80 Shooting Star. The F-80 was the first mass-produced jet fighter in the United States Air Force inventory and the first USAF aircraft to exceed 500 mph. The F-80 made its mark in combat by scoring the first jet aerial victory and the first all jet fighter engagement. The jet-to-jet combat took place on November 8, 1950 when an F-80 assigned to the 16th Fighter Interceptor Squadron shot down a Russian built MiG-15 during the Korean Conflict.

The T-Bird’s primary mission was to train pilots qualified in propeller driven aircraft as they transition into Jet powered fighter. Later in the “T-Birds” career, the trainer joined the Air Defense Command (ADC) and became one of the Commands most versatile aircraft.

In initial ADC squadron assignments, T-33’s were use for instrument training, certification or requalification of Pilots. As time passed, Air Defense Command T-33s were also utilized as target for Interceptor training (by using manual and electronic devices) and as simulated aggressors for US radar sites. These missions gave Junior Officers valuable experience in air combat tactics before assignment to fighter–interceptor aircraft.

The T-33 was a familiar sight at McChord for almost 40 years. Lastly, it last served with the 318th Fighter Interceptor Squadron. Upon their retirement, the 318<sup>th</sup>’s nine T-33’s had flown more than 10,000 hours each. In a simple farewell ceremony four of the five remaining T-33’s completed a group flyby over the Base in salute to the aircrafts retirement. The last T-33 (58-0616) left McChord on February 4, 1988, with the last Air Force T-33 Shooting Star leaving service in March of the same year.