

February 2014

Hangar Flying Newsletter

COLA Cap Repealed: Bowing to pressure from Military Associations, young retirees and angry careerist who served through long and nasty wars, Congress has repealed the retiree COLA cap it enacted less than seven weeks ago. The House passed s. 25 396 to 90 and the Senate passed S. 25 96 to 3

Cost of living adjustments for military retirees under age 62 will not be set a full percentage point below annual inflation, starting in January 2016 as congress previously approved in a bipartisan debt reduction deal. The Cola cap, however will stay in effect for new entrants, those who first entered the military on or after 1 January 2014.

To be able to lift the COLA cap for most members and still save more than 6 billion in federal spending over the next decade, Congress also voted to extend some across-the-board budget cuts, sequestration, for a year longer, through 2024 which largely effects Medicare funding.

DoD Has No Plans to Close Commissaries: According to Army Gen. Martin E. Dempsey, chairman of the Joint Chiefs of Staff, there are no plans to close military commissaries. The chairman first addressed this issue during his Facebook town hall meeting last month (a transcript of the recent town hall meeting with General Dempsey is available on [DoD Live](#)). Although the DoD officials are not planning to close commissaries, they did ask the Defense Commissary Agency for a range of options, including how the system would operate with reduced or no taxpayer subsidies. Military exchanges work on this system and that the same potential exists with commissaries. (*Source: Military.com*)

[You can read the full story on Military.com.](#)

Walk-in TRICARE Service Centers will close this spring: Deemed too costly in the age of the Internet, customer service at walk-in TRICARE Service Centers will no longer be available to beneficiaries after March 31.

The walk-in TSCs have been open since the 1990s.

“Now that TRICARE is a mature program and beneficiaries increasingly use more convenient Internet and toll-free phone options, continuing walk-in customer service at TSCs is no longer cost-effective,” according to a TRICARE fact sheet. A majority of TRICARE customer service transactions are already done online or by phone, DOD spokeswoman Lt. Col. Cathy Wilkinson told Stars and Stripes.

The walk-in TSCs cost roughly \$51 million a year to operate, and closing them will save DOD \$254 million over five years, according to the fact sheet. “This change supports the Department of Defense’s efforts to manage the rising cost of providing health care for TRICARE’s 9.6 million beneficiaries,” according to the fact sheet. There are 189 walk-in TSCs in the continental United States, most of which are located in or near military hospitals and clinics, Pentagon spokesman Col. Steve Warren said. (Continued on the next page)

All of them will be closed, but TSCs outside the U.S. will remain open “due to the unique needs of overseas beneficiaries,” according to the fact sheet. Contact information for TSCs in the U.S. and overseas can be found at www.tricare.mil/ContactUs/CallUs.aspx.

The walk-in TSCs are run by three regional contractors — Humana, UnitedHealthCare, and Health Net Federal Services. These contractors will continue to manage customer support for beneficiaries after the walk-in offices are closed, according to the fact sheet. TRICARE and DOD officials don’t know how many contractor employees will be affected by the closures.

The TSCs help beneficiaries with administrative matters, including enrollment and billing. They are not directly involved in providing health care. “This change does not affect any TRICARE benefits or health care services,” Warren said. Wilkinson said all of the administrative services that walk-in TSCs currently provide can be handled by TRICARE websites, mobile apps and toll-free phone centers.

Beneficiaries can do the following on the [TRICARE website](#):

- Enroll in or purchase a plan
- File a check or claim
- View referrals and prior authorizations
- Find a doctor
- Change primary care managers
- See what services and procedures are covered by their health plans
- Compare plans
- Manage prescriptions

(Source: Stars and Stripes)

CBO Studies Removing Retirees from Tricare Prime:

Barring working-age military retirees from [TRICARE](#) Prime would be the most cost-effective way of slowing the growth of Defense Department health care expenses that have jumped 130 percent from 2000-2012, according to a Congressional Budget Office analysis.

The non-partisan CBO is exploring various options to include changing the eligibility for TRICARE Prime which would produce the biggest savings in the Pentagon's health care budget -- nearly \$90 billion over 10 years. The CBO analysis was prepared at the request of Rep. Paul Ryan, R-Wis., chairman of the House Budget Committee.

Current health care costs for DoD amount to about \$52 billion annually, the CBO said, and only a formula involving increased cost-sharing for retirees who use TRICARE "has the potential to generate significant savings for DoD," the CBO said.

All other approaches, such as better management and eliminating waste, "would not address the primary drivers of health care costs for DoD," the CBO said. (Continued on the next page)

The CBO says the biggest savings would come from changes in current programs to "make working-age retirees and their families ineligible for TRICARE Prime, the most costly program for DoD, but allow them to continue using other TRICARE plans after paying an annual enrollment fee".

"Shifting current cost-sharing arrangements so that beneficiaries pay a greater percentage of their health care costs would reduce DoD's spending significantly, primarily by encouraging people to leave TRICARE in favor of other providers, and it would encourage those who continued to participate in TRICARE to use fewer services."

The proposed TRICARE changes are expected to generate major opposition from veterans service organizations. The Veterans of Foreign Wars has questioned the CBO numbers but said the report following on other major program initiatives advocated by DoD indicated that "the Pentagon is opening up a new front in the war on retirees". The VFW and other service organizations are currently battling cuts to the cost-of-living adjustment for working-age military retirees under the Bipartisan Budget Act of 2013 worked out by Ryan and Sen. Patty Murray, D-Wash. (Source Military.com News article by Richard Sisk)

Some lab fees soon will be billed to Tricare patients: Tricare beneficiaries soon will have to pay out of pocket for certain diagnostic genetic tests that their civilian physicians order, but that the Defense Health Agency doesn't view as appropriate or medically necessary. In January 2013, without notice to beneficiaries or to health care providers, Tricare stopped reimbursing clinical laboratories for more than 100 different genetic or "molecular pathology" tests. Beneficiaries haven't complained yet because the laboratories impacted are still providing the tests that physicians order at no charge, said Julie Khani, vice president of American Clinical Laboratory Association (ACLA), which lobbies on behalf of the impacted laboratories.

To date, labs have provided about \$10 million worth of free tests to Tricare users. "That's obviously unsustainable," Khani said. Most of these tests cost about \$60 but a few carry charges of several thousand dollars. Medical science has seen an explosion of clinical tests designed to diagnosis and treat ailments based on a patient's DNA. With thousands of new tests added annually, driven by demand for personalized medicine, the Food and Drug Administration is weighing the need to regulate the industry.

What drove the decision by Tricare last January to stop reimbursing for many genetic or laboratory-developed tests (Lets) was the American Medical Association's publication of new Current Procedural Terminology (CPT) codes for laboratory tests. The codes gave greater transparency to how Tricare was being billed, DHA said. It could "identify specific laboratory developed tests that 1) have not been approved or cleared by the Food and Drug Administration and/or 2) failed to meet Tricare criteria for coverage."

For example, DHA said, "demand genetic testing that is not medically necessary or does not assist in medical management of the patient" is not reimbursable. Also, DHA emphasized that Tricare cannot cover any laboratory developed test that has not been approved by the FDA. The ACLA criticizes DHA on this point, arguing that Tricare does cover many other laboratory-developed tests not FDA approved, including pap smears, a routine test for cervical cancer. The DHA "has a flawed interpretation of its own policy" which "places Tricare out of step with other government and commercial payers, and it impacts the patient," said Khani. "We are deeply concerned that Tricare beneficiaries will be denied vital services that are critical to the diagnosis and treatment of disease. And these are tests Tricare has covered historically."

If Tricare doesn't begin soon to pay for these tests, doctors won't stop ordering them but laboratories will have no choice but to charge patients for their cost, Khani said. The Military Coalition, an umbrella group of military associations and veterans groups, recognizes that laboratory profits and some very complex medical questions are entwined in this debate between DHA and industry. But one clear concern for beneficiary advocates, said

Kathy Beasley, co-chair of the coalition's health subcommittee, is that DHA has created two standards of care regarding molecular pathology tests. Patients who use civilian providers will have to pay for these tests, while patients at military clinics and hospitals won't. Providers in the direct care system can continue to order such tests knowing the military will pay for them.

"Tricare beneficiaries without access to military treatment facilities are relegated to second-class healthcare. This is troubling," Beasley said. DHA acknowledges this disparity in access to laboratory services between purchased care and direct care. Officials explained that a single contract is in effect that allows Army, Navy and Air Force providers to request lab services if military facilities cannot perform the tests in house.

"As this is not a DHA contract, we are in the process of gathering data regarding the tests being ordered by MTF providers and will examine any changes that need to be made to the contract," DHA said. "Lab testing, whether ordered in the private sector or by MTF providers, needs to be safe and effective." But DHA said differences in lab test coverage might survive any such review because purchased care has more restrictive laws and regulations. *(Source: Military Update By Tom Philpott)*

Supportive Services for Veterans Families: Veterans Affairs officials will spend \$600 million to continue the Supportive Services for Veteran Families program, community grants they say are key in ending homelessness among veterans. The new pledge commits \$300 million each in fiscal 2014 and fiscal 2015 for the grants. The grants are designed to provide a safety net for low-income veterans struggling with permanent housing.

VA awarded \$300 million in grants last summer as part of the program. Officials said the money helped more than 39,000 veterans and 23,000 of their family members. Advocates have said the direct support to outside nonprofits and the program's "housing first" model has been key in helping homeless veterans. Many of the aid recipients are veterans who are not yet homeless, but could end up on the streets without intervention. The department has set a public goal of ending veteran's homelessness by the end of 2015.

According to the Department of Housing and Urban Development annual point-in-time count released in November, the number of homeless veterans across the country dropped to 57,849 in January 2013, down about 20,000 from four years earlier. Department officials said the success of the SSVF program made continuing it an obvious choice, but officials wanted to publicly commit the fiscal 2015 money as well to provide continuity and planning for the larger homeless effort.

In a statement, VA Secretary Eric Shinseki said partnerships with community groups are important in helping all veterans. "We are making good progress towards our goal to end veterans' homelessness," he said, "but we still have work to do." More information about the program can be found at www.va.gov/homeless/ssvf.asp. *(Source VA.gov)*

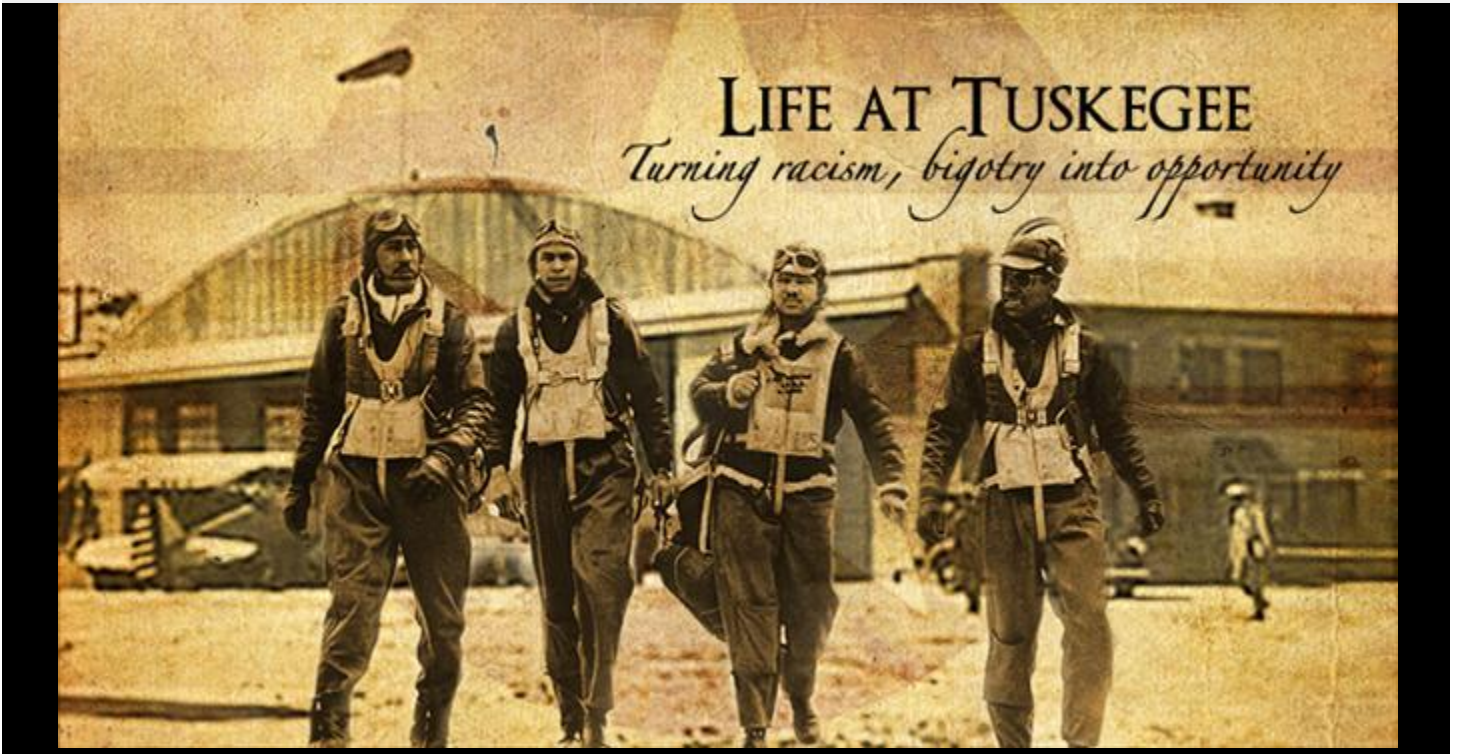
New e-Afterburner posted on website: The December 2013 edition of the *e-Afterburner* has been posted on the Air Force retiree website at www.retirees.af.mil. The new edition is located on the *Afterburner* page under the 2013 tab, or by clicking [here](#).

This edition is available in.pdf format for downloading and printing. *(Source: Retirees.af.mil)*

For more retiree news and information, please visit www.retirees.af.mil.

Training at Tuskegee: Turning dreams into reality

By Randy Roughton, Air Force News Service / Published February 11, 2014



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(U.S. Air Force graphic/Corey Parrish)

TUSKEGEE, Ala. (AFNS) -- Words from the Air Force’s first African American general catch the attention of visitors to the Tuskegee Airmen National Historic Site, giving them an idea of the pride pilots felt for their flight training here, particularly the first time they took the air alone.

“After the last landing, the instructor took his parachute out of the rear cockpit, and told me to take it up alone,” said Gen. Benjamin O. Davis Jr., then a captain, about his solo flight.

“This was what I had been waiting for. Up until this moment, he had watched my every move, but I had not received any real indication about how I was doing. Now I knew that he approved. I took it up and went over some of the maneuvers I had performed under his instruction. It was my airplane.”

Dr. Daniel L. Haulman is the branch chief for the Air Force Historical Research Agency at Maxwell Air Force Base, Ala., who believes there are four factors the Army considered when choosing Tuskegee as the training site for African-American pilots.

Those factors were the area’s temperate climate, the fact that segregated squadrons would be more accepted in the South, the university’s educational reputation and history, and that it already had a civilian pilot training program,

Another driving force was George L. Washington, an engineer and director of mechanical industries and the Tuskegee Institute Division of Aeronautics, who was instrumental in bringing the primary flight training program to Tuskegee. He oversaw the construction, outfitting and expansion of Moton Field, and as general manager, he hired and supervised flight instructors, airplane maintenance personnel, and other support personnel, and ensured that cadets were properly housed and fed. While the Army looked at the training of African American pilots as an experiment, Washington didn't see it that way.

“Acceptance of Negroes into the Air Corps for training as military pilots meant one thing for the Negro and another to the military establishment, and possibly white Americans,”

Washington wrote in his unpublished papers that are kept in the Tuskegee University Archives. “For the Negro, it was an opportunity to further demonstrate his ability to measure arms with any other race, particularly white Americans, when given an equal opportunity. Performance in civilian aviation had certainly proven their ability to fly as individuals. And certainly this had to be the prime requisite for success in military aviation. Therefore, this was just another in the long chain of demonstrations over many years. Certainly this opportunity was far from being an experiment to the Negro.”

The first Civilian Pilot Training Program students completed their training in May 1940. Two months later, Tuskegee Institute became the center of the Civil Aeronautics Authority's secondary training program. By late November, the War Department sought to use the institute's civilian pilot training secondary courses as a steppingstone into the Army Air Force's basic flight course, and Tuskegee Institute was offered a contract in February 1941 to train African American pilots.

Airport 1 would be Kennedy Field, which was no more than a sod runway with a few buildings for aircraft and refueling equipment. Kennedy became most known for Charles A. (“Chief”) Anderson's famous flight with first lady Eleanor Roosevelt in 1941. But the program's chief instructor meant much more to the many Tuskegee Airmen he trained.

Tuskegee Institute recruited him in 1940 to be the chief civilian flight instructor for African American pilots. Anderson developed a pilot training program and taught the first advanced course, and in June 1941, the Army named him the ground commander and chief instructor for cadets in the 99th Pursuit Squadron, the nation's first African American fighter squadron.

To many Tuskegee Airmen, Anderson, who died in Tuskegee in 1996, will not only always be “Chief.” For them, he was also “the beginning” of their journey into military flight.

“Chief pilot wasn't just a position in the staff we were operating,” said Roscoe Draper, who joined Anderson as an instructor in 1942. “It was also an honorary position in our hierarchy. He was considered the coach of the pilots.

“I will always feel I owe him an awful lot, the way he opened doors for me. Chief Anderson opened doors we never could have approached otherwise.”

Airport 2 was Moton Field, which was still under construction when the first class arrived for primary flight training on July 19, 1941, so Davis and his 12 fellow cadets began training at Kennedy Field. The field, located four miles north of Tuskegee, had no paved runways, as it does today. Now, it's the site of the city's municipal airport and the Tuskegee Airmen National Historic Site.

About five and a half miles northwest of the campus was the third airport, Airport 3, the Tuskegee Army Air Field, where all of the basic, advanced and fighter transition phases of flying training were conducted. The first class began training in the basic phase on an incomplete field on Nov. 8, 1941.

Cadets had to pass four phases of training to receive their wings. During primary flight training, cadets spent half the day in classrooms learning the theory of flight, physics, navigation, radio procedures and aircraft recognition, as well as academic subjects.

Early on, cadets trained in Stearman PT-17 and PT-13 biplanes and PT-19 monoplanes at Tuskegee Institute and at Moton Field. It was later moved from the campus to Tuskegee Army Air Field, and the length of the phase increased from four to 10 weeks by May 1944. Cadets learned how to use checklists, stalls and spins, acrobatic maneuvers, and parachute and bail-out instructions, in addition to making 175 landings during this phase.

After completing primary pilot training, cadets moved to the Tuskegee Army Air Field, the first and only major base built for the basic and advanced phases of military flying training for African-American pilots, as well as the first major base built by a black construction company, for the next three phases.

In the basic phase, cadets flew in the BT-13 trainer and learned military flying techniques, how to fly by instruments, day and night flight and cross-country and formation flying in about 70 to 75 hours of flight time. This phase was increased from nine to 10 weeks in May 1944.

Advanced training transitioned the pilots from the single-engine trainer to fighter aircraft, the AT-6A Texan. Following this phase, they were given advanced transition training from the AT-6 to the P-40 Warhawk or the twin-engine AT-10 Wichita trainer for pilots who would be flying B-25 Mitchell bombers. Instructors were especially crucial in the advanced phase. Surviving Tuskegee Airmen often refer to their instruction as what could “make or break a cadet.”

After primary training, cadets moved on to basic and advanced flight training at Tuskegee Army Air Field, about seven miles from Moton Field. The field was the first and only major base built for the basic and advanced phases of military flying training for African American pilots. It was also the first major base built by a black construction company.

Here they learned ground operations, takeoffs, turns, climbs, aerobatics, descents, landings, and emergency procedures before they were expected to successfully complete their solo and cross-country flights before graduating from primary flight training.

By the end of World War II, close to 1,000 pilots had been trained at Tuskegee, along with close to 16,000 other troops in support roles such as mechanics, admin, cooks parachute riggers and air traffic controllers. Military training at Tuskegee ended in 1946, and on July 26, 1948, President Harry S. Truman signed Executive Order 9981 ending segregation and racial discrimination within the armed forces. Dr. Haulman believes the end of segregation in the military was a direct result of the great “experiment” that proved African Americans could train, fight and fly as well as their white counterparts. *(Source: Air Force News Service)*