

June 2014

Hangar Flying Newsletter

A Publication of the JBLM McChord Field Retiree Activities Office for Air Force Retirees, their spouses and 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 – retaffairs@us.af.mil Web Site www.mcchordrao.com Retiree Activities Office: Open 0900-1200 Monday - Friday

WASP veteran shows off her flying skills

JOINT BASE LEWIS-MCCHORD, Wash. -- It is like riding a bike. Once you learn, you never forget. In the case of Betty Dybbro, Woman Airforce Service Pilots veteran, her bike is an airplane.



Alongside 25,000 other women, Dybbro volunteered to fly for the Army Air Force during World War II. She was one of 1,074 women who passed the training and spent 1944 as a WASP flying for the Army Air Force. During that time, she piloted the Vultee BT-13, the Texan AT-6, Martin B-26 Marauder and the Boeing B-17 Flying Fortress while stationed at Nellis Air Force Base, Nevada.

Dybbro will be the keynote speaker for the 2014 Heritage Dinner at Joint Base Lewis-McChord in June. Before the dinner, she was offered the chance to tour McChord Field and receive an in depth view of what it is like to be a pilot in today's Air Force.

Met by retired Maj. Gen. Don Brown and female pilots stationed at McChord Field, Maj. Sueann Lamia, 10th Airlift Squadron, Capt. Rachael Deroche, 10th AS and 1st Lt. Samantha Caszatt, 7th AS, Dybbro began her tour at Heritage Hill.

Brown escorted Dybbro up the ladder of the Lockheed-Georgia C-141B Starlifter and into the cockpit so she could see firsthand the advancements in aviation technology since her flying days.

"To see all the new things in these planes in the last 70 years and the technologies is mind boggling," said Dybbro.

The C-141 has not been flown since 2001 so the technological advancements in the C-17 Globemaster III were just as exciting for her to discover. Lamia brought the small group to the flightline to tour a C-17 and give Dybbro time to sit at the controls and ask the pilots questions about flying the aircraft.

"When I left the WASP corps, I flew small Cessna's and Taylorcraft airplanes as an instructor," said Dybbro. "I enjoyed my tour today because I was able to learn so many new details about aviation."

After exploring the aircraft, Dybbro accompanied Deroche to the C-17 simulator to see how she would fare behind the wheel.

Dybbro received a quick tutorial from Deroche, including a flight without movement before she took the controls of the fully functioning simulator. As the cockpit pitched back and forth, she became more comfortable and felt right at home.

"It took a couple of passes to stick the landing but I think I was starting to get a feel for it. Any landing where you can walk away is still a good one," Dybbro said with a laugh.

And at 91 years old, Dybbro did just that.

The 2014 Heritage Dinner is scheduled for Saturday, June 21 at the Collocated Club main dining room at McChord Field. To make your reservations, contact the Retiree Activities Office at 982-2795/5581. (*Source: by Staff Sgt. Russ Jackson 62nd Airlift Wing Public Affairs*)

Retiree Heritage Dinner Reservation Form

Mail to: McChord Collocated Club
P O Box 4007
McChord AFB, WA 98438

Please make reservations for _____ persons.

Number for:

Sliced London Briol _____ \$22.20

Fillet of King Salmon _____ \$22.20

Add \$2.00 for non-club members

Enclosed is my check payable to McChord Collocated Club or please charge my officer/enlisted club card

_____ (Club card number last nine digits) Expiration Date _____

Please make reservations in the name of _____

Number of Guests _____

You may contact me at (home phone) _____

Senate passes bill allowing some vets to seek private care: The Senate overwhelmingly passed emergency legislation on Veterans Affairs Department health visits and administrator accountability Wednesday, paving the way for the reforms to become law in a matter of days.

The chamber voted 93-3 in favor of the measure, crafted in recent days by Senate Veterans' Affairs Committee Chairman Bernie Sanders, I-Vt., and Sen. John McCain, R-Ariz. It was an unusually quick turnaround for the Senate, which began moving the reforms following the resignation of VA Secretary Eric Shinseki less than two weeks ago.

"These issues must be addressed now," Sanders said on the Senate floor shortly before passage. "What our veterans deserve is to be able to get into the VA system in a timely manner and get quality care."

The Senate deal would create a two-year program giving veterans who face long wait times for medical appointments at VA facilities or living in rural areas the ability to seek health care from private providers, with VA covering the costs.

An audit released by VA officials this week found more than 100,000 veterans nationwide have faced longer-than-promised wait times for medical appointments, with nearly one-fourth waiting more than three months for care.

Lawmakers had promised swift action to help solve that problem. On Wednesday, House members unanimously passed legislation providing similar private care access to veterans, which will be part of the legislative reconciliation process to come.

The Senate deal also includes plans for 26 new medical facility leases for VA, at an estimated cost of about \$1.4 billion, and provides \$500 million for hiring new VA doctors and nurses. Both moves are expected to improve access for veterans, and hopefully cut down on wait times.

The bill also would ensure that wait time statistics are no longer used in performance evaluations of VA officials, after investigators found that some of the record-keeping problems stemmed from administrators trying to protect their annual bonuses. Acting VA Secretary Sloan Gibson has already promised to make that change, with or without legislative action.

And the Senate plan would give broader authority to fire senior executives with questionable performance — echoing already-passed House legislation — along with mandating a new independent commission on scheduling to address the ongoing scandal.

Sanders also included several provisions unrelated to medical appointment wait times in the wide-ranging veterans bill, including extending in-state tuition rates to all veterans using GI Bill benefits, extending those education funds to spouses of fallen troops, and expanding care eligibility for military sexual trauma victims. The total price tag of the moves remains unclear. The Congressional Budget Office estimated that the health care portions of the bill alone could reach \$35 billion over the next decade.

McCain has said that some of the expense of the new measures could be absorbed in unspent funds already in VA accounts. Before Thursday's bill passage, senators voted to waive budget concerns in an effort to speed the legislation into a conference committee with House lawmakers.

Sanders said his goal is to move quickly, and have the final bill approved by both chambers and on President Obama's desk sometime next week. The White House on Thursday offered support for the Senate deal, saying in a statement: "We need to make sure that the problems identified at VA medical facilities get fixed." (*Source: Defense News Early Bird Brief*)

Despite scandal, VA changes will be hard to enact: Lawmakers from both parties want major changes in how the Veterans Affairs Department operates — and that will make it difficult to enact any changes at all.

Senate Democrats and Republicans this week are offering competing plans for VA reform, including making it easier to fire top department officials and cutting wait times for veterans in need of health care.

But they're also accusing each other of using veterans to score political points, instead of supporting meaningful change.

On Tuesday, a group of Senate Republicans unveiled their latest proposed departmental overhaul, which would ease rules for veterans seeing private-sector doctors instead of VA physicians, provide more accurate wait-time data in VA hospitals, and ease rules for firing top department officials. *Continued on the next page*

“What we have right now is a system that isn’t working,” said Sen. Tom Coburn, R-Okla. “This bill ... is about maintaining the VA and making it better.”

The GOP measure would “sunset” after two years and is “very targeted” to address the immediate problems facing the department, according to Sen. Richard Burr, R-N.C.

The move comes two days before the Senate Veterans’ Affairs Committee reviews an update of the massive veterans omnibus bill sponsored by Sen. Bernie Sanders, I-Vt., which would also make it easier to fire top VA officials (while granting additional appeals) and authorize the department to lease 27 new health facilities to help reduce patient wait times.

It also would provide advance appropriations to VA, extend comprehensive services for the most severely injured pre-9/11 veterans, provide in-state tuition for veterans at any private schools — and cost potentially billions of dollars over the next decade, a price tag that Senate Republicans have so far called unacceptable. Sanders’ measure failed to gain Republican support when it came to the Senate floor earlier this year, but both he and Senate Majority Leader Harry Reid, D-Nev., have pledged to renew their push in light of the recent VA scandals.

Last week, VA Secretary Eric Shinseki was forced to resign following weeks of criticism and internal reports showing wait times for medical appointments were being manipulated by administrators to cover up problems and, in some cases, earn them bigger bonuses.

On Monday, Reid blasted Senate Republicans for caring more about inflating the scandal than helping veterans, criticizing GOP opposition to the cost of Sanders’ proposal.

“Certain Republican members of Congress are content to scapegoat the VA,” Reid said on the Senate floor.

“Even more disappointing is the fact that these same Republicans have, through their obstruction, deprived the VA of essential resources it needs to help veterans.”

Republicans behind Tuesday’s legislation bristled at that suggestion. Burr said the problem isn’t finances — although the GOP bill would require no new funding — but instead finding immediate solutions to VA’s problems.

Last month, House members from both parties overwhelmingly backed legislation giving the VA secretary broad authority to fire senior department officials. But instead of passing that stand-alone measure, Senate Democrats so far have opted to back Sanders’ bill — with all of the other issues included. *(Source Defense Early Bird Brief By [Leo Shane III](#) Staff writer)*

VA Seeing More Sleep Apnea Cases: The number of veterans receiving disability benefits for a sleeping disorder has increased 61 percent in the past two years and now costs taxpayers more than \$500 million per year, according to Department of Veterans Affairs data recently released to USA TODAY. More than 63,000 veterans receive benefits for sleep apnea, a disorder that causes a sleeping person to gasp for breath and awaken frequently. The top risk factor for contracting the disorder appears to be obesity, though troops’ exposure to dust and smoke in places such as Afghanistan and Iraq can be a contributing factor. The minimum VA payment to a sleep apnea patient with a disability rating of 50 is \$9,240 a year, but increases if a veteran is married and has children. The Social Security Administration also recognizes sleep apnea as a disability. [Read more about the rise in sleep apnea cases on the American Legion website.](#) *(Source: Military.com Veterans Report)*

Panel to Study Agent Orange Exposure: This summer, a panel of independent scientists from the Institute of Medicine will try to determine whether those veterans could have been exposed to the toxins in defoliants, including Agent Orange, at a level that would be dangerous to their health. If the panel, which hosts the first of a series of closed meetings and public hearings on May 15, finds a link, the service members could be eligible for tax-free disability compensation of up to several thousand dollars a month. The Department of Veterans Affairs (VA) does not require Vietnam veterans to prove they were exposed to the herbicides. Instead, it presumes that they were if they develop certain diseases and disorders linked to those chemicals, and grants them disability compensation benefits. The institute, which has conducted congressionally mandated reviews to evaluate research on herbicides used in Vietnam, is scheduled to publish its conclusions in the fall. *(Source: Military.com Benefits)*

TFL Pharmacy Pilot Heating Up: The TRICARE For Life (TFL) Pharmacy Pilot has been underway for about two and a half months. Many Medicare eligible beneficiaries who have not yet moved their prescriptions to Home Delivery or a military pharmacy may soon have to pay the full cost of their medication if they fill their prescription a third time at a retail pharmacy. Congress created the TFL Pilot in the 2013 National Defense Authorization Act (NDAA).

The TFL Pharmacy Pilot requires TFL beneficiaries to move select maintenance medications (medications taken regularly for a chronic condition) to either TRICARE Pharmacy Home Delivery or a military pharmacy, or pay the full price when they fill them at a retail pharmacy. After the pilot started on March 15, 2014, beneficiaries get two “courtesy fills” at a retail pharmacy and each time received a letter notifying them of the pilot.

“We expect that many TFL beneficiaries have used their two courtesy fills at a retail pharmacy already,” said Dr. George Jones, Chief of the Defense Health Agency (DHA) Pharmacy Operations Division. “This means that if they fill their maintenance medications at retail again, they may have to pay the full cost of the medication out of pocket.”

Switching prescriptions from a retail pharmacy to Home Delivery can save beneficiaries as much as \$152 a year for each prescription they move.

To switch a prescription to Home Delivery, beneficiaries can call Express Scripts, the TRICARE pharmacy contractor, at 1-877-882-3335. They can visit the Express Scripts website, www.express-scripts.com/TRICARE <<http://www.express-scripts.com/TRICARE>> , ask their provider to electronically prescribe directly to “Express Scripts Mail Pharmacy” or mail in a registration form and hard copy of their prescription. Beneficiaries who want to use a military pharmacy should first call their local military pharmacy to make sure their prescription is available.

“Our primary goal is to deliver a sustainable benefit, comply with the NDAA and implement the TFL Pilot as smoothly for beneficiaries as possible,” said Dr. Jones. “We are working closely with Express Scripts to educate affected beneficiaries and make sure they have all the information they need to participate in the Pilot.”
(SOURCE: TRICARE News Release)

Tricare for Life to cut discounts for more than 400K retirees: Starting this spring, more than 400,000 military retirees and senior dependents in the Tricare for Life program will owe the full amount for certain prescription refills if they use a retail pharmacy rather than a military pharmacy or a mail service.

The change, part of a pilot program created by Congress, is meant to help control the cost of military health care and in its first year, is expected to cut \$120 million from the \$3.3 billion that the U.S. Department of Defense pays annually for Tricare For Life pharmacy needs.

The government insurance serves about 2 million military retirees and their dependents over 65, supplementing Medicare. Tricare for Life accounts for nearly half of the \$7.1 billion that the Defense Department spends each year on its pharmacy program.

The pilot includes more than 400 medications – mostly brand-name – for chronic conditions, such as high blood pressure, diabetes and asthma. Prescriptions for pain relievers, antibiotics and other medicines for acute conditions aren’t affected.

With the program, members can fill eligible prescriptions three times at a retail outlet, usually a 30-day supply for a \$17 copayment. Then, if they don’t switch, they’re responsible for the drug’s entire cost for subsequent refills, charges that quickly could climb into hundreds of dollars.

If they do switch, they’ll owe \$13 for each 90-day supply through the Express Scripts mail service or nothing when they use a base pharmacy. *Continued on next page*

After a year, members can opt out of the pilot and return to paying \$17 for a 30-day supply for their retail refills. Nine out of 10 people who switch to the home delivery program decide to stick with it, according to Tricare.

Tricare for Life will grant waivers on a case-by-case basis due to “personal need or hardship, emergency, or other special circumstance.”

Beyond savings and convenience, Tricare officials said the move to mail delivery can help patients adhere more closely to their drug regimens by requiring less effort to get their prescriptions refilled.

That compliance can keep patients healthier, an obvious plus for them. It also can save insurance plans the expense of hospitalizations or other medical care, said health economics consultant M. Christopher Roebuck. But brick-and-mortar pharmacies say it takes more than access to ensure that patients take their medicines correctly.

“A lot of people, they have medications that they just don’t take,” said John Norton, a spokesman for the National Community Pharmacists Association. “Or they have medication and they start to feel better, and they don’t take it to its conclusion.”

Some – including members of the U.S. House of Representatives – have expressed concern about over-reliance on mail delivery for pharmaceuticals.

In a March 31 letter to the Pentagon, nine congressmen, including North Carolina Republican Walter Jones, stressed the value of in-person counseling from community pharmacists.

Though the pilot program offers around-the-clock phone access to pharmacists, they said that might not be enough.

“We urge Tricare to allow patients who prefer to utilize their local community pharmacist as opposed to a telephone hotline to do so,” they wrote.

Tricare for Life members in South Hampton Roads offered mixed opinions about the pharmaceutical mail service.

Jerry Walton, 69, said he hadn’t wanted to switch, and he remains apprehensive about the potential impact of inclement weather.

“A 100 degree day, what’s the temperature in a metallic mailbox and what’s the status of the drugs after eight hours in that?” the Virginia Beach resident said. “Maybe they’re fine, maybe not, maybe it depends on the drug.”

Doris Plock tried mail delivery last year after surgery made it difficult for her to get around. She was surprised to discover a new \$15 charge for insulin she’d been getting for free and unhappy that her doctor was required to undergo a complicated verification process for a medicine she’d been taking for years.

After she recovered, she abandoned the mail order program for the military pharmacy at Sewells Point Branch Medical Clinic.

“If something like that happened again, I guess I would have to go back to it,” Plock, 69, of Virginia Beach, said, “not that I would want to, but I would have to.”

Chuck LeGeyt feels differently.

In three years using Tricare’s mail order program, he experienced just one hiccup – a delayed delivery during last winter’s snows.

“I couldn’t even tell you how to improve it,” said LeGeyt, 66, of Virginia Beach. “It’s that good.”

(SOURCE: Stars and Stripes) <http://www.stripes.com/news/veterans/tricare-for-life-to-cut-discounts-for-more-than-400k-retirees-1.281013>

Live Well: Taking steps to have a healthy lifestyle can help prevent injuries or illnesses. TRICARE has educational programs and covers preventive and mental health services. **June is Men's Health Month:** We encourage men to pay more attention to their health this month. Men are more likely to use tobacco and alcohol, do high-risk activities and delay getting health care. Learn how to reduce your risk for common health problems. >>[Read tips for men's health.](#) >>[Get Healthy Living Tips via email](#)