

RAO

BULLETIN

15 September 2014

PDF Edition

THIS BULLETIN CONTAINS THE FOLLOWING ARTICLES

<u>Pg</u>	<u>Article</u>	<u>Subject</u>
* DOD *		

04 == DoD Suicide Policy [06] ----- (First Quarter 2014 Results)
05 == IDES [02] ----- (Advisory Panel Recommends Scrap System)
06 == Vietnam PTSD Discharges ----- (DoD Has Agreed to Reconsider)
07 == Pentagon 9-11 Flag ----- (The Story Behind it)
08 == DoD Fraud, Waste, & Abuse ----- (Reported 1 thru 15 Sep 2014)
09 == POW/MIA Recoveries ----- (140901 thru 140915)

* VA *

11 == VA Health Care Access [17] ----- (WWP Survey Results)
12 == VA Blind Rehabilitation Service [01] ----- (History)
15 == VA Websites - (Goal | One Website, One Username, One Password)
16 == VA Individual Unemployability [01] ----- (Controversial Benefit)
18 == VA Loans ----- (Appraisal Process)
19 == VA Fraud, Waste, and Abuse ----- (140901 thru 140915)
22 == VA Credibility [19] ----- (100-day VA Reform Plan Launched)
23 == VA Credibility [20] ----- (SVAC Hearing VA OIG Testimony)
23 == VAMC Houston TX ---- (Groundbreaking Surgery Saves Vet's Life)
25 == VAMC Phoenix AZ [08] ----- (Vet Loses Nose to Wait Times)
26 == VAMC Phoenix AZ [09] ---- (Report on VA Deaths Raises Questions)
28 == VAMC Minneapolis MN ----- (Alleged Pressure to Falsify Records)
29 == VAMC Philadelphia ---- (VA Ripped at Raucous Town Hall Meeting)
30 == VAMC Hampton VA--- (Vets Air Frustrations at Town Hall Meeting)
32 == Board of Veterans' Appeals [07] - (Mismanagement Alleged at Board)

*** VETS ***

- 33 == Nebraska Vet Cemetery [05] ----- (Omaha National Cemetery Named)
- 34 == Vet Cremains [24] ----- (13 Laid to Rest in Detroit)
- 35 == Discharge Review Boards ----- (Types)
- 36 == Stolen Valor [93] ----- (Dennis William Myers Silver Star)
- 38 == Vet Federal Jobs [04] ----- (How to Land | Applying for positions)
- 38 == Federal Jobs [03] ----- (Retired and Rehired)
- 39 == Retiree Appreciation Days ----- (As of 12 Sep 2014)
- 40 == Vet Hiring Fairs ----- (16 Sep thru 15 Oct 2015)
- 41 == WWII Vets 70 ----- (Royce~Robert)
- 42 == Korean War Vets ----- (Hayden~James)
- 44 == America's Most Beloved Vets ----- (World War II (1)
- 44 == State Veteran's Benefits & Discounts ----- (Colorado 2014)

*** VET LEGISLATION ***

- 45 == VA Accountability ----- (Legislation to Punish VA Employees)
- 46 == Reserve Retirement Age [28] ---- (Lawmaker Seeks Backing for Plan)
- 47 == VA COLA for 2015 Checks -- (Senate Passes S.2258 | Sent to House)
- 47 == The Military Coalition [01] ----- (Congressional Leadership Awards)
- 48 == Vet Bills Submitted to 113th Congress ----- (As of 13 SEP 2014)

*** MILITARY ***

- 49 == CIPHER ----- (Prototype Helmet Tests Reveal Pressure Problem)
- 51 == Combat Instructor Ribbon ----- (Retroactive to Oct. 9, 2002)
- 52 == Air Force Enlistment [01] ----- (God Reinstated in Oath)
- 53 == Military Challenge Coins [02] --- (CO Purchase Authority Reinstated)
- 54 == Huey Helicopter UH-1N ----- (Officially Retired)
- 55 == Uniforms [02] ----- (Boot Camp Sneakers)
- 56 == Fate of America's Aircraft Carriers ----- (Sunk, Scrapped or Saved)
- 57 == Medal of Honor Citations ----- (Thomason, Clyde WWII)

*** MILITARY HISTORY ***

- 60 == Aviation Art ----- (Bats Out of Hell)
- 61 == USS Oklahoma (BB-37) ----- (Pearl Harbor Sinking)
- 63 == D-Day ----- (Theodore Roosevelt Jr)
- 65 == WWII Postwar Events ----- (Red Army at Berlin Brandenburg Gate)
- 65 == Spanish American War Image 61 ----- (Warship Almirante Oquendo)
- 66 == Military History Anniversaries ----- (16 Sep – 15 Oct)
- 66 == WWI in Photos 110 ----- (Xmas Celebration in the Field)
- 67 == Faces of WAR (WWII) ----- (Airman Kenneth Bratton Nov 1943)
- 67 == Military Kits ----- (1588 Tilbury | Trainband Caliverman)

*** HEALTH CARE ***

68 == Mumps ----- (Cause, Symptoms, Treatment, and Prevention)
69 == TRICARE Vaccine Program [02] ----- (Infancy to Adulthood)
70 == Breast Cancer [05] ----- (No Cancer-Bra Connection Found)
71 == Tricare Standard Claim [01] ----- (Submission Guidelines)
73 == Defense Health Agency [06] ----- (Report on Chronic Lung Disease)
74 == Medicare Advantage Plans [07] ----- (When Needed)

*** FINANCES ***

75 == Car Insurance [05] ----- (How Much do you Need?)
76 == Saving Money ----- (Collision Insurance | When to Drop)
77 == SeaWorld Military Discount ----- (Waves of Honor)
78 == Cramming Scam ----- (How it works)
79 == Jamaican Lottery Scam ----- (How it works)
80 == Tax Burden for Montana Retirees ----- (As of Sep 2014)
81 == Thrift Savings Plan 2014 ----- (Share Prices + YTD Gain or Loss)

*** GENERAL INTEREST ***

83 == Notes of Interest ----- (1 thru 15 Sep 2014)
84 == American War Generals ----- (Reflection on U.S. Failures in Iraq)
86 == White House Visitors Center ----- (Reopened 13 SEP)
86 == Is Your new Car A Lemon ----- (About 1% Are | What to do)
88 == Coffee Filters [01] ----- (32 Uses)
90 == Photos That Say It All ----- (2nd Lt. James Cathey Coming Home)
90 == Retirement Planning [08] ----- (Retirement Myths and Realities 2)
92 == WWII Ads ----- (Baby Ruth Candy Bars)
93 == Normandy Then & Now ----- (Juno Beach at Saint-Aubin sur Mer)
93 == Have You Heard? ----- (Last Nickel)
94 == They Grew Up to Be ----- (Lindsay Lohan)
94 == Interesting Ideas ----- (Out of diapers?)

ATTACHMENTS

Attachment - Veteran Legislation as of 13 Sep2014
Attachment - Colorado Vet State Benefits & Discounts Aug 2014
Attachment - Military History Anniversaries 16 Sep thru 15 Oct
Attachment - Retiree Activity\Appreciation Days (RAD) Schedule as of Sept. 12, 2014
Attachment - Fate of America's Aircraft Carriers

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-- <http://w11.zetaboards.com/CFLNewsChat/topic/10387883/1> (Index of Previous Articles 140701)



DoD Suicide Policy Update 06 ► First Quarter 2014 Results

The Pentagon released its data on suicides among troops in the first quarter of 2014, showing that the Defense Department is holding steady in its battle against self-inflicted deaths. From January to March, 120 active-duty, reserve and National Guard members died by suicide. For the same period last year, 122 personnel died, and in the final quarter of 2013, the figure was 117. DoD began releasing the data by quarter this year to address incongruities in previous reporting methods. Previously, the individual services chose how and when to release their suicide statistics and also determined who was counted as active duty, often skewing rate calculations and making it difficult to compare the problem across the branches or against the civilian community. DoD officials said they decided to stop releasing the figures monthly to have a better understanding of the problem's scope. "When you report monthly, the numbers are very unstable. It takes several months for a death investigation to be completed, which leads to confusion and isn't helpful," Defense Suicide Prevention Office Director Jacqueline Garrick said 4 SEP

According to the Pentagon, 74 active-duty personnel died by suicide in the first quarter: 19 airmen, 28 soldiers, 11 Marines and 16 sailors. The largest jump occurred in the Air Force, which saw its numbers more than double from the same time frame in 2013 — a statistic that prompted Air Force Chief of Staff Gen. Mark Welsh to release a message to airmen in May reminding them to think about their co-workers. "I need all of you to take a look around and take care of each other," Walsh said. "Do everything you can to find the airman who is struggling." Although DoD plans to release suicide data publicly by quarter from now on, the Pentagon continues to generate a weekly internal document of known and suspected suicides in the previous seven days as well as totals for the year. A copy of the report obtained by Military Times through July 20 indicated that 151 active-duty personnel — 64 soldiers, 31 airmen, 20 Marines and 36 sailors — died or were suspected to have died by suicide from Jan. 2 through July 20.

The Defense and Veterans Affairs departments have launched a number of activities this week to mark the start of National Suicide Prevention Month. A joint "Power of 1" awareness campaign highlights the message sent out by Walsh in May and Defense Secretary Chuck Hagel on 2 SEP that it takes just one person asking a question, texting a friend in need or making a phone call to save a life. "These brave individuals shouldn't be avoided or stigmatized. They need to be embraced. Whether you're a service member, a veteran, a DoD civilian, or a friend or family member of someone who is, you have the power to make a difference,"

Hagel said in a DoD-wide message. The military has many programs directed at mental health, wellness and suicide prevention.

- The peer support program Vets4Warriors (1-855-838-8255) serves as an around-the-clock call center and website providing counseling and case management to active-duty, National Guard and reserve members, retirees and their families.
- The Military and Veterans Crisis Line, 1-800-273-8255, an operation run by VA, also offers online chat and text-messaging.
- All services have websites devoted to suicide prevention as well as counseling opportunities on bases and posts through senior *leadership, the medical community, chaplain's offices and community counseling centers.*

U.S. Military Suicides First Quarter, 2014 & 2013 January - March 2014 January-March 2013

- Active Component (Total) 74 | 68 (Air Force 19 | 7 - Army 28 | 33 - Marine Corps 11 | 11 - Navy 16 | 17)
- Reserve Component (Total) 24 | 26 (Air Force 2 | 1 - Army 13 | 21 - Marine Corps 4 | 4 - Navy 5 | 0)
- National Guard (Total) 22 | 28 (Air National Guard 6 | 2 - Army National Guard 16)

[Source: MilitaryTimes | Patricia Kime | Sept. 5, 2014 ++]

IDES Update 02 ► Advisory Panel Recommends Scrap System

A Pentagon advisory panel on wounded service members is recommending that the Defense Department scrap the disability evaluation system it rolled out across the military just three years ago. The Integrated Disability Evaluation System, or IDES, merged separate Defense and Veterans Affairs department medical evaluation programs into a single process with a goal of streamlining the system and shortening wait times for decisions. But under IDES, the medical discharge process has become more complicated, leading to delays in transition from the service, confusion among those in the system, and in some cases, problems receiving medical care, according to a Recovering Warrior Task Force (RWTF) report released Friday. “The current IDES is fundamentally flawed and DoD should replace it,” task force members wrote.

The panel has made recommendations on improving IDES since 2012, from suggesting DoD and VA build an integrated electronic health record system to recommending that family members be allowed to accompany injured personnel to IDES orientations. But the recommendation to completely scrap the system is the task force’s strongest proposal to date. “Emphasis should be placed on return to work as soon as possible after injury, including separation and transition to civilian employment when injuries clearly indicate the service member cannot be retained in the military,” according to the report. The task force, whose members include Navy Surgeon General Vice Adm. Matthew Nathan and retired Maj. Gen. Richard Stone, former Army deputy surgeon general, was established by Congress in 2009 to examine and make recommendations on military policies and programs regarding injured or ill troops.

In its five years, the task force has issued four reports containing 87 recommendations. The 2013-14 report is the group’s last; by congressional mandate, the RWTF disbands in November. The final report contains 10 recommendations — less than half that of previous reports — and focuses on issues that the 13-member panel found to be the most important. “This volume represents a final opportunity to potentially influence the future effectiveness and course of recovering warrior care,” the report states. Number one on the list was IDES.

Other recommendations advise DoD to improve the Office of Warrior Care Policy, establish policies that integrate DoD and VA transition programs and take steps to ensure that the Pentagon and military services have programs that meet transitioning members' expectations of post-service employment. Among the group's primary concerns is the law concerning patient privacy, the Health Insurance Portability and Accountability Act, or HIPAA, which the task force said can hinder family involvement in a service member's recovery.

Noting that head injuries or post-traumatic stress often are accompanied by memory loss and/or organizational challenges, task force members said DoD should take steps to mitigate barriers that keep caregivers from discussing their loved ones' cases with doctors and other health care providers. "RWTF strongly believes that, for communicating with recovering warrior family caregivers about their personal needs, HIPAA is irrelevant," they wrote. Whether any of the recommendations will be implemented remains to be seen: Of the 77 recommendations contained in previous reports, 15 have been met, with the remainder either in process or under consideration by DoD. In its last report, task force members thanked the troops, family members, DoD and VA civilians and community members who support injured service members, veterans and their families. "RWTF is greatly indebted to the thousands of stakeholders who helped RWTF accomplish its mandate. ... Our nation will forever be grateful to them and to all transitioning veterans for choosing to serve," wrote co-chairs Nathan and Suzanne Crockett-Jones. The full report can be found online at <http://rwtf.defense.gov/Reports/FY2014ANNUALREPORT.aspx>. [Source: NavyTimes | Patricia Kime |Sep 03, 2014 ++]

Vietnam PTSD Discharges ► DoD Has Agreed to Reconsider

The Defense Department has agreed to reconsider the bad-paper discharges for thousands of Vietnam-era veterans who may have suffered from combat-related post-traumatic stress disorder but were kicked out of the military in the era before that became a diagnosable condition. In a new rule announced 3 SEP, the Pentagon said veterans from the Vietnam era and other past wars with other-than-honorable discharges will be given "liberal consideration" if they seek to correct their military records and provide some evidence of a PTSD diagnosis that existed at the time of their service. Upgraded discharges could result in the restoration of some benefits, such as disability pay, separation pay or GI Bill benefits from the Veterans Affairs Department, which are typically denied to vets who receive other-than-honorable discharges. Health care in the VA system is typically provided to veterans regardless of their discharge.



U.S. soldiers carry a wounded comrade through a swampy area during action in Vietnam in 1969.

In today's military, PTSD is considered a mitigating factor for misconduct and behavioral problems. The military services are required to grant a medical evaluation to any service member who claims PTSD before finalizing a bad discharge. vThe Pentagon's new rule comes in response to a federal lawsuit filed on behalf of several veterans in March that claimed the Defense Department was wrongfully denying discharge upgrade applications from veterans with claims and evidence of PTSD. The new policy was applauded by the Yale Law School Veterans' Legal Service Clinic, which is spearheading the federal McTiernan, a student intern involved with the lawsuit. However, she said, it's too early to tell how the new rule will be.

[Source: NavyTimes | Andrew Tilghman | Sep 03, 2014 ++]

Pentagon 9-11 Flag ► The Story Behind it

Anyone who saw the American flag unfurled at the Pentagon on Sept. 12, 2001, knows how Francis Scott Key felt two centuries ago when he was inspired to write "The Star-Spangled Banner." The day after the terrorist attack on the Pentagon, the scene was still chaotic. Only essential military and civilian workers were required to come to the building. Parking was at Reagan-National Airport, as all U.S. airspace was still closed. As employees got off the Metro train, Pentagon police stood with weapons examining everyone's badge. Those without a Pentagon ID were told to keep traveling on. The conversation in the building was about friends who remained missing. At the site, firefighters were putting out the final embers that were burning in the roof. Then word came that President George W. Bush wanted to see the damage to the Pentagon himself.



Soldiers from A Company, 3rd Infantry – "The Old Guard" -- gather the giant garrison flag being lowered from the side of the Pentagon, where it had hung beside the impact site of the 9/11 terrorist attack, Oct. 11, 2001. The flag was ceremonially retired.

No one knows who originally came up with the idea for unfurling the flag to the right of the damaged areas on the building, but Army Maj. Gen. Jim Jackson, then the Military District of Washington commander, made it happen. He sent over to nearby Fort Myer, Virginia, for the largest flag they could find. The U.S. Army Band had a garrison flag – the largest authorized for the military – and sent it over. During Bush's visit to the impact site, 3rd Infantry Regiment soldiers and Arlington, Virginia, firefighters unveiled the flag and draped it over the side of the building. Then they stood and saluted. It was a moment that quickened the heart. The United States had been attacked, the Pentagon had been hit, friends were gone, thousands were killed in New York and Pennsylvania, yet the American flag still flew. That flag signified the unconquerable nature of the American people. Those inside the building already were preparing to take the battle to the attackers and bring them to justice. The flag flew on the side of the building for the next month. Each night, workers illuminated it with floodlights. Members of A Company of the 3rd Infantry Regiment -- "The Old Guard" -- took the flag down Oct. 11.

The flag is soot-stained and ripped at one spot where it rubbed up against the building. It now is in the care of the Army's Center of Military History. It is treasured as the 9/11 generation's Star-Spangled Banner, because they, like Francis Scott Key during the British attack on Baltimore in 1814, looked to the flag for inspiration and comfort.

Oh, say can you see by the dawn's early light
 What so proudly we hailed at the twilight's last gleaming?
 Whose broad stripes and bright stars thru the perilous fight,
 O'er the ramparts we watched were so gallantly streaming?
 And the rocket's red glare, the bombs bursting in air,
 Gave proof through the night that our flag was still there.
 Oh, say does that star-spangled banner yet wave
 O'er the land of the free and the home of the brave?

[Source: DoD News| Jim Garamone | Sept. 11, 2014 ++]

DoD Fraud, Waste, & Abuse ► Reported 1 thru 15 Sep 2014

Germany -- A former civilian employee of the Department of Defense Jonathan M. Hargett, pled guilty 8 SEP to a charge of health care fraud stemming from a scheme in which he collected over \$2.2 million after submitting fraudulent claims for federal health care benefits. Hargett, 41, formerly of Germany, pled guilty in the U.S. District Court for the District of Columbia. According to a statement of offense submitted to the Court and signed by the government and the defendant, Hargett worked from 1996 through 2012 in various positions as a civilian employee for the Department of Defense in Germany. From January 2011 through May 2012, he was an intelligence analyst stationed in Heidelberg. Previously, he had served in the U.S. Army from 1992 to 1996. As a federal employee stationed overseas, Hargett was enrolled since 2002 in the Foreign Service Benefit Plan (FSBP) a health care benefit program. Because of his service in the Army, he also was eligible for health care coverage from the U.S. Department of Veterans Affairs. For veterans working or residing abroad, the VA provides this coverage through its Foreign Medical Program (VA-FMP). From January 2007 through April 2012, according to the statement of offense, Hargett carried out a scheme to submit fraudulent claims and invoices to the FSBP and the VA-FMP. The claims falsely represented that he bought prescription medications and other pharmaceutical items from a pharmacy in Germany. They also falsely represented that he had received and paid for various health care items and services from a doctor in Germany. Hargett also created and submitted forged invoices and other fraudulent paperwork. All told, Hargett admitted submitting more than \$2.5 million in false claims to the two programs. He was paid more than \$2.2 million, including about \$943,519 from the FSBP and \$1,261,512 from the VA-FMP.

[Source: USDOJ District of Columbia press release Sept. 8, 2014 ++]

POW/MIA Recoveries ► 140901 thru 140915

"Keeping the Promise", "Fulfill their Trust" and "No one left behind" are several of many mottos that refer to the efforts of the Department of Defense to recover those who became missing while serving our nation. The number of Americans who remain missing from conflicts in this century are: World War II (73,539) Korean War (7,822) Cold War (126), Vietnam War (1,642), 1991 Gulf War (0), and OEF/OIF (6). Over 600 Defense Department men and women -- both military and civilian -- work in organizations around the world as part of DoD's personnel recovery and personnel accounting communities. They are all dedicated to the single mission of finding and bringing our missing personnel home. For a listing of all personnel accounted for since 2007 refer to http://www.dtic.mil/dpmo/accounted_for . For additional information on the Defense Department's mission to account for missing Americans, visit the Department of Defense POW/Missing Personnel Office (DPMO) web site at <http://www.dtic.mil/dpmo> or call or call (703) 699-1169. The remains of the following MIA/POW's have been recovered, identified, and scheduled for burial since the publication of the last RAO Bulletin:



Family members seeking more information about missing loved ones may call the following Service Casualty Offices: U.S. Air Force (800) 531-5501, U.S. Army (800) 892-2490, U.S. Marine Corps (800) 847-1597, U.S. Navy (800) 443-9298, or U.S. Department of State (202) 647-5470. The remains of the following MIA/POW's have been recovered, identified, and scheduled for burial since the publication of the last RAO Bulletin:

Vietnam - None

Korea

- Army Sgt. **Lee H. Manning**, Medical Company, 9th Infantry Regiment, 2nd Infantry Division, lost Dec. 1, 1950, in North Korea. He will be buried with full military honors at a location yet to be determined.
- **Pfc. Arthur Richardson**, U.S. Army, Company A, 1st Battalion, 19th Infantry Regiment, 24th Infantry Division, was lost on Jan. 1, 1951, in South Korea. He was accounted for on March 21, 2014. He will be buried with full military honors.

World War II

- The Department of Defense POW/Missing Personnel Office (DPMO) announced 3 SEP that the remains of a U.S. serviceman, missing since World War II, have been identified and are being returned to his family for burial with full military honors. Army Pfc. **Bernard Gavrin**, 29, of Brooklyn, N.Y., will be buried on 12 SEP, in Arlington National Cemetery, Washington, D.C. On June 15, 1944, as part of an Allied strategic goal to secure the Mariana Islands, U.S. forces were ordered to occupy Saipan. After a month of intense fighting, enemy forces conducted a suicide assault, known as a banzai attack. This was designed to inflict as many casualties as possible against the 105th Infantry Regiment (IR), 27th Infantry Division (ID). During these attacks, elements of the 105th IR sustained heavy losses, with more than 900 soldiers killed or injured. Gavrin was reported missing in action on July 7, 1944. On July 8, 1945, with no new information concerning Gavrin or 21 other service members of the 105th IR, investigators issued a presumptive finding of death. In November 1948, the American Graves Registration Services (AGRS) reviewed the circumstances of his loss and concluded his remains were non-recoverable. In September 2011, a private archaeological company excavated land near Achugao Village, Saipan, and uncovered human remains of an American serviceman from the July 7, 1944, battle. These remains were identified as Army Pvt. William Yawney, 23, of Freemansburg, Pa. In September 2013, a Japanese non-governmental organization interested in recovering Japanese soldiers from the battle in Saipan, alongside the same private archaeological company from 2011, recovered human remains and personal effects belonging to American servicemen, from an unmarked burial located a few meters from the 2011 excavation site. The remains were handed over to the Joint POW/MIA Accounting Command (JPAC). In the identification of Gavrin's remains, scientists from JPAC and the Armed Forces DNA Identification Laboratory (AFDIL) used circumstantial evidence and forensic identification tools including dental comparisons and mitochondrial DNA, which matched Gavrin's cousin. Along with Gavrin, Army Pfc. Richard L. Bean, 24, of Manassas, Va., was accounted for.



* Army Air Forces 1st Lts. **William D. Bernier**, **Bryant E. Poulsen** and **Herbert V. Young Jr.**, Tech. Sgt. **Charles L. Johnston** and Sgt. **Charles A. Gardner**, were lost April 10, 1944, in Papua New Guinea. They were assigned to the 321st Bombardment Squadron, 90th Bombardment Group, 5th Army Air Forces. They will be buried with full military honors on a date yet to be determined.



1st Lt. William D. Bernier

* Army Air Forces 1st Lt. **William Cook** and Sgt. **Eric M. Honeywell**, 599th Bombardment Squadron, 397th Bombardment Group, lost Dec. 23, 1944, over Germany. He will be buried with full military honors at a location yet to be determined.

* Army Pfc. **Richard N. Bean**, Company D, 1st Battalion, 105th Infantry Regiment, 27th Infantry Division, lost June 15, 1944, in Saipan. He will be buried with full military honors at a location yet to be determined.

* Marine Corps Pvt. **Robert J. McConachie**, was lost fighting on Okinawa on June 15, 1945. He was assigned to Company G, 2nd Battalion, 1st Marines Division. He will be buried with full military honors on a date yet to be determined.

[Source: http://www.dtic.mil/dpmo/news/news_releases/ Sep 15, 2014 ++]

* VA *



VA Health Care Access Update 17 ► WWP Survey Results

As a peer mentor for Wounded Warrior Project, Josh Renschler regularly helps severely injured veterans navigate the Veterans Affairs Department health care system. So he's no longer surprised by stories about delays and headaches in accessing medical care. "We just keep seeing the same problems over and over again," Renschler said. "It's always a battle to get seen." Even for veterans being helped by third-party advocates like WWP, getting timely appointments and reliable care remains a struggle, group officials said. Nearly 40 percent of WWP members reported difficulty in getting physical care from VA doctors and 35 percent could not access mental health services in the last year, according to the group's annual membership survey, released 10 SEP. For many, that led to dissatisfaction and hopelessness with the system.

While the survey results aren't reflective of the veterans' population as a whole, it is a snapshot of the lives of 21,120 respondents — all post-9/11 veterans who were injured or have become ill since serving in the military. The survey results show that even among the most vulnerable returning warfighters, VA services remain a frustrating resource. Nearly 80 percent have three or more service-related conditions, facing both physical and mental challenges. And their difficulties accessing care echo recent VA scandals that have affected veterans of all ages nationwide. Among the most common reasons they walk away from seeking VA care are long wait times, lapses in regular appointments, and frustration that the difficulties in getting medical care aren't worth the returns. Renschler — a retired Army sergeant who was wounded in 2004 in a mortar blast — said the survey responses show an inclination to avoid VA services for many members despite evidence that such care can help recovery and despite assistance from WWP officials. "The journey it takes to get many of these vets to go to a hospital to get help in the first place is incredible," he said. "These are guys who are naturally inclined to suck it up and drive on. So when you throw up obstacles to getting them care, it can scare them away for good."

VA Secretary Bob McDonald, who took over the department last month, promised to revamp every department clinic to make it more centered on veterans' needs and schedules. Renschler said he and group leaders have seen improvements in VA procedures in recent months, but emphasized more changes must be put in place to solve the problem. Other survey results showed lingering health and emotional problems for returning injured veterans, similar to results of past surveys. More than half of survey respondents reported having problems with their appetite related to their injuries. About 40 percent reported sleep problems, and nearly 20 percent reported abusing alcohol. Almost half those surveyed also said they had trouble concentrating and nearly half said they no longer take pleasure or have little interest in activities.

For the first time since WWP began taking its survey four years ago, though, respondents cited VA as the primary place where they receive mental health services. Previously, the majority cited peer support or speaking with another Iraq or Afghanistan veteran as their therapeutic outlets. "This was a little surprising,

given the challenges we've seen VA have over the past several months," said Jeremy Chwat, chief program officer at Wounded Warrior Project. Despite the severity of their health problems, 28 percent of WWP members surveyed said they worried about the stigma of seeking mental health care to help address those issues. "Nearly 75 percent of our warriors are still struggling with memories related to combat. This is probably not surprising but it's significant. Overall, the population is struggling to reintegrate," Chwat said. Complete results of the latest WWP survey, as well as past surveys back to 2010, are available on the WWP website. http://www.woundedwarriorproject.org/survey?utm_source=pr&utm_medium=onlinemag&utm_campaign=survey-results. [Source: MilitaryTimes | Leo Shane & Patricia Kime | Sept. 10, 2014 ++]

VA Blind Rehabilitation Service Update 01 ► History

The year was 1947 – Jackie Robinson joined the Brooklyn Dodgers, the Dead Sea Scrolls were discovered at Qumran, a Hollywood “blacklist” was developed by the House Un-American Activities Committee, Chuck Yeager broke the sound barrier piloting a rocket-powered Bell X-1 plane, the Marshall Plan was proposed to help European nations recover from World War II, and Anne Frank’s diary was published. Harry Truman signed a presidential order in 1947 turning the military’s blind rehabilitation training of Servicemembers over to the VA, as a part of preparing the nation for post-war adjustment. Previously, in 1944, President Roosevelt had made an extraordinary commitment to blinded Servicemembers with an order declaring “no blinded servicemen from WWII would be returned to their homes without adequate training to meet the problems of necessity imposed upon them by their blindness.”



First chief of the Blind Center Russ Williams, in his office talking with a patient at the Blind Rehabilitation Center, Hines VA Hospital in Chicago.

The pioneering military rehabilitation programs that resulted for Servicemembers of WWII formed the nexus of VA’s subsequent blind rehabilitation care. The Army Medical Corps developed a program in which blind soldiers received medical and surgical treatment at two centers: Letterman General Hospital, San Francisco, CA (later transferred to Dibble General Hospital, Menlo Park, CA) and Valley Forge General Hospital, Phoenixville, PA. While receiving medical care, the blinded Servicemembers began their rehabilitation training. The second phase was at Old Farms Convalescent Hospital, Avon, CT, where they were provided with an intense 18-week rehabilitation.. The Navy also operated a program at Philadelphia Naval Hospital.

With the conclusion of WWII and the probability of deactivation of the military blind rehabilitation program, a debate ensued about where and how treatment of the 1,400 war-blinded Veterans would take place. President Truman settled the debate with his 1947 order, and responsibility for the adjustment training of those blinded during WWII was transferred to VA. Hines VA Hospital in Chicago was selected as the first center site, due in part to its large and well-functioning physical medicine and rehabilitation department. In 1948, Russell C. “Russ” Williams, a WWII blinded Veteran and former counselor at the Valley Forge program, was appointed as chief. After four months of intensive staff training, the nine-bed unit admitted the first patient on Independence Day, 1948. Williams, a former patient of the Valley Forge and Old Farms blind rehabilitation programs, provided expert leadership in developing a model program; he had an unshakable faith in the capabilities of blinded Veterans.



Patients in the recreation room after hours socializing at the first Blind Rehabilitation Center, Hines VA Hospital in Chicago.

This new program, a hub of talented leaders and staff, spawned the development of techniques and devices that formed the foundation of training for blind Veterans. The techniques for training in the use of a long white cane were transferred and refined, blind Veterans were taught techniques for reading, writing, taking care of their daily needs and living quarters and prosthetic devices were provided that enhanced their independence. First Army, then VA began partnering with guide dog schools to assure that blinded Servicemembers and Veterans could experience a more independent lifestyle with a well-trained guide dog. Today, VA supports 13 inpatient blind rehabilitation centers across the US. For locations refer to <http://www.rehab.va.gov/PROSTHETICS/blindrehab/locations.asp>. These centers provide a breadth and depth of intensive and supportive care that restores abilities of Veterans and Servicemembers to achieve their independence, support their families, care for their homes, and integrate into their communities.

Blind rehabilitation training takes many forms, depending on the Veteran’s goals and interests. She or he can learn to orient to the environment, move safely and confidently with a human guide, long cane or guide dog, and take public transportation. Some of the other skills that are taught include reading, writing personal finance management, cooking, cleaning, organizing, taking care of the home, children and aging parents, lawn care, household repair, hobbies and crafts, woodworking, small engine repair and maintenance, and pet care. Devices and technology that support independence are provided and incorporated into the

rehabilitation, such as computers, mobile computing devices, smart phones and global positioning devices. Job and education goals are addressed in the centers, and Veterans are referred for vocational and college-readiness training if necessary. Blind rehabilitation specialists work closely with optometrists who provide eye and vision examinations and prescribe optical devices that enhance Veterans' remaining vision. A physician or nurse practitioner is assigned to the center to conduct admission examinations, write orders, assure medications are used correctly, and provide medical care if needed during the Veteran's stay at the program. Rehabilitation nurses monitor medical issues, educate about disease management such as diabetes, nutrition monitoring, provide support for smoking cessation and weight control, provide education for medication management and use of medical devices such as talking glucometer and blood pressure machine and audible prescription reading devices.

Centers also employ psychologists and social workers to monitor well-being and learning style, to assure Veterans' emotional health, and to assist instructors in best approaches for training. Social workers coordinate family training programs, gather resources for discharge planning and ensure that there are no social needs that will interfere with the success of rehabilitation. Chaplains may provide spiritual care for blind Veterans; chaplains represent many faith groups and minister to Veterans in their preferred religious traditions, as well as to those who do not profess faith. Veterans' peer experiences may be the most important aspect of adjustment to blindness. Learning, living, working, and enjoying recreation experiences with other blind Veterans are often the best memories of inpatient care. Learn more about VA's Blind Rehabilitation Services at: <http://www.va.gov/blindrehab/> [Source: VAntage Point | Gale Watson | Aug 29, 2014 ++]



VA Websites ► Goal | One Website, One Username, One Password

Department of Veterans Affairs Secretary Robert McDonald said he plans to launch a new digital services team in the agency to help winnow down its numerous websites as part of a plan to improve the services VA delivers to veterans. During a press conference 8 SEP, McDonald decried the large number of often confusing websites the agency currently operates and said the website winnowing would take place between now and November. "Right now, if you go to any Veterans Affairs website, you'll find that there are 14 different websites that require a different username and a different password for veterans to access the VA," McDonald said. "That's just flat wrong. We've got to make it easier for the veteran to access the VA through one website, one username, one password."

During the press conference, McDonald said the department also needs a centralized information technology system. "I think we all agree it's better to have one IT system across the department than to have Balkanized IT systems." On the plan to create a team of digital experts in the agency, VA later said it will recruit and hire "the nation's top technologists to partner with us in building and delivering world-class, cost-effective digital services to our veterans," but did not provide any further details. Governmentwide, the

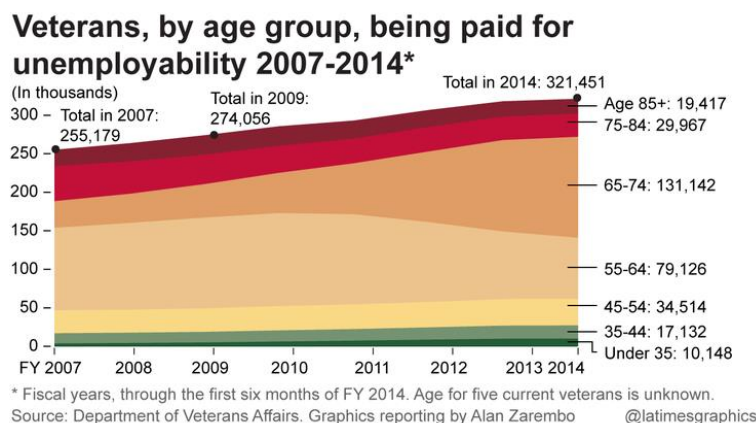
Obama administration last month launched the U.S. Digital Service, a team of private sector tech experts working out of the White House who will work with agencies to help improve their digital offerings.

Alex Horton, an Army infantryman who served 15 months in Iraq and was one of the VA's first official bloggers in 2011 agreed with McDonald's assessment of the agency's website clutter. "VA's separate administrations for health, benefits and burials are as different in mission and culture as Navy, Army and Air Force," said Horton, who's now a freelance writer in Washington. "Their systems don't talk to each other, and resource websites dedicated to each exist on separate systems instead of one access page. Horton added, "The excessive password security is much stronger than my online banking security, and logging in each time is frustrating if done infrequently." Horton said VA's newest web site, Explore VA, "is a pretty good one-stop information resource with videos and easy to understand instructions. And their facility locator is one click away from the VA homepage, so it is very easy to find. But if I had to log into eBenefits or MyHealtheVet right now, I'm 100 percent certain I wouldn't have the right password and would have to start the long process of resetting my login credentials."

McDonald also called for a geographic reorganization of how the department works with veterans through its health, benefits and burial operations. "If you looked at the structure of VA, you would find that we have nine different geographic maps for how we're organized geographically," he said. "Every part of the VA has a different geographic map, a different hierarchical structure. We're going to be looking at: How do we reorganize the VA so that when the veteran looks at the VA, the veteran knows how to connect and how to get things done. We are too complicated from the veteran's standpoint." [Source: NextGov | Bob Brewin | Sept. 9, 2014 ++]

VA Individual Unemployability Update 01 ► Controversial Benefit

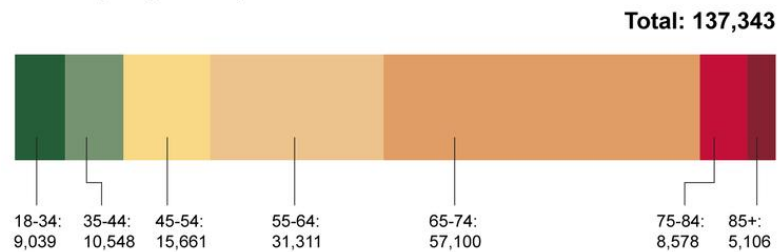
Jack Behunin received welcome news last year from the Department of Veterans Affairs: Due to war-related medical conditions, he was being declared unfit to work, boosting his tax-free monthly disability compensation from \$1,850 to \$3,000. Not that he had any interest in a job. A World War II veteran in Burbank, he is 90 years old. His case is not an aberration. Senior citizens have helped make the benefit — known as individual unemployability — one of the fastest-growing expenditures in the VA disability system. The number of "unemployable" veterans has nearly tripled since 2000, to 321,451, with the majority at ages when most people have already stopped working. Government data show that 56% of the beneficiaries are at least 65 years old. Eleven percent are 80 and older.



Being classified as unemployable adds between roughly \$1,100 to \$1,900 to a veteran's monthly disability pay, which often comes on top of Social Security. At an annual cost of at least \$4 billion, the benefit is part of a rapidly expanding disability system expected to cost \$60 billion this year. Federal reports have singled out unemployability as an example of how a system operating under rules established decades ago has failed to keep pace with modern times. "VA's compensation program does not reflect the current state of science, technology, medicine and the labor market," the Government Accountability Office concluded in a 2006 report on poor management of the benefit. In response to the rising costs, GAO researchers are now examining the benefit to determine how many veterans classified as unemployable had left the labor force voluntarily.

Behunin farmed cotton and alfalfa for nearly a decade after the war, then spent 17 years at car dealerships, one year selling more Pontiacs than any other salesman in the country. He worked for his son selling mulch into his 80s until they had a falling-out. He said he made \$50,000 his final year. An avid traveler, he did most of the driving this summer on a 10,000-mile road trip to Alaska with his wife. But his job as a gunner during the war sandwiched him between two loud machine guns in a B-24 bomber and badly damaged his hearing. He has worn hearing aids since the 1960s. The war also resulted in what he described as a mild case of post-traumatic stress disorder. Behunin probably could have been collecting disability pay for decades, but he didn't apply until a friend suggested it about seven years ago. He wound up with a 90% disability rating for hearing loss, tinnitus and PTSD. Being declared unemployable raised his pay to the 100% level. He said it provided a much-needed supplement to the \$2,900 in Social Security that he and his wife collect each month. "What kind of job could I get?" he said. "I couldn't stand up all day on a retail floor."

Veterans, by age group, approved for unemployability in 2010-2014*



* Fiscal years, through the first six months of FY 2014.

Source: Department of Veterans Affairs. Graphics reporting by Alan Zarembo

@latimesgraphics

When the VA created the unemployability benefit in 1934, Social Security didn't exist. Manual labor was the only option for most workers, and the Depression was in full swing. The benefit was a safety net for veterans who couldn't work because of health problems that began in the military and whose disability ratings, based on a formula combining their conditions, fell shy of 100%. In 1945, as disabled World War I veterans continued to fall out of the workforce, the VA adopted a regulation ensuring eligibility to veterans of any age. That decision underlies much of the current growth. More than half the 137,343 veterans approved since 2010 were 65 or older, including 13,684 who were at least 75, according to VA statistics. The largest share served in the Vietnam era. Many joined the disability system over the last decade as the VA expanded eligibility for PTSD and diabetes, heart disease, prostate cancer and other common conditions on the presumption they were caused by exposure to the herbicide Agent Orange, used to clear jungle vegetation in the war. Once in the system, veterans are eligible for the unemployability benefit if their ailments are deemed

too severe for them to work and their disability ratings reach a certain threshold, usually 60% or 70% depending on their mix of conditions.

William McMath, a psychologist who conducts disability examinations at the VA Medical Center in Northport, N.Y., said that decisions about unemployability are often subjective and that it is easy to be swayed by elderly veterans who are struggling financially. Joe Meredith, who served in Vietnam and now works in northern Michigan helping veterans secure disability benefits, said many of his clients have had long careers and use the unemployability provision to supplement their retirements. "Someone has spent 30 years working for General Motors, 30 years in the military or 30 years driving a bus," Meredith said. "Now they are retired. And guess what? They're a Vietnam veteran and they're going to jump on the bandwagon." He said he advocates for them as a way to right the wrongs of the past — a draft system biased against the underclass and poor treatment after the war. "If a guy gets \$3,000 a month, maybe that evens the score a little," he said.

The unemployability benefit has been controversial for at least a decade. The GAO's 2006 report said the law did not give clear standards for classifying veterans as unemployable. The VA inspector general has found widespread geographic variation in how it is awarded. Restricting the benefit to veterans younger than the full retirement age for Social Security — 65 or 67, depending on the recipient's birth year — would save \$17 billion over the next decade, the Congressional Budget Office estimated last month. To provide context, the report noted that 37% of U.S. men 65 to 69 remain in the labor force. That figure falls to 11% for men over 74. Advocacy groups have attacked age caps as unfair to veterans who want to keep working. Joe Violante, national legislative director for Disabled American Veterans, said any age cap would be arbitrary and noted that many U.S. senators are 65 or older. "This is about how we can save money on the backs of disabled veterans," Violante said.

A 2007 study for the VA found that veterans classified as unemployable had a higher mortality rate than other veterans with similar standard disability ratings — evidence that on the whole the designation was not arbitrary. Elected officials have been unwilling to touch the benefit. The last to try was then-Sen. Larry Craig (R-ID), who held a hearing on it in 2005 but found little support. Craig's concerns included that the benefit was hurting younger disabled veterans by creating an incentive not to work. A total of 16,663 recipients — or 5% of the total — are under 40. Sen. Patty Murray (D-WA) argued that the benefit was being used as intended and reviewing it would add to the stigma many veterans feel when seeking help. While a standard disability rating, even 100%, carries no restrictions on working, the unemployability benefit requires recipients to earn less than the federal poverty cap of roughly \$12,000 a year. [Source: LA Times | Alan Zarembo | Sept. 6, 2014 ++]

VA Loans ► Appraisal Process

When VA lenders approve a VA loan application there are really two distinct approvals issued—one for the veteran and one for the property. Both must be separately approved during the loan process. A borrower with \$100,000 in the bank, an 850 credit score and single digit debt ratios won't get a VA loan unless the subject property is approved as well.

How do VA appraisals work and what do they look for? Note that an appraisal and a property inspection are two separate items. An appraisal reports the current market value of a property while a property inspection reviews the physical condition. An appraisal report will make note of the physical condition and may even

point out issues that need to be corrected before a final value can be made, but the primary purpose of the appraisal is to independently report the value of the home, which you can read more about here.

Valuations. The appraised value must be at least the same as the sales price. If the appraised value comes in lower than the agreed upon price, the veteran has three basic choices—negotiate a lower price, come to the closing table with the difference between the sales price and appraised value or walk from the transaction altogether. The appraiser arrives at a value by comparing recent sales prices of similar homes in the area. A “similar” home means comparing a single family residence with another. Comparing a single family home with a condominium won’t work. Recent sales means homes that have sold within the previous six or twelve months. It is rare that two separate properties are exactly alike. One home may have a view of the mountains and one may not. Homes with views can have a higher value compared to similar homes in the neighborhood. Other items can add value such as the overall condition of the home, updated appliances, wood floors or other amenities. Fewer bedrooms, square footage and a smaller lot may provide a lower value as well.

Let's say the appraiser sees that a 2,000-square-foot home sold for \$200,000. That's \$100 per square foot. The appraiser also finds two more homes that sold for \$105 and \$99 per square foot. If the subject property being financed has a contract price at or around \$100 per square foot, then these additional sales will be used to support the sales price of the home. If the price comes in above that value, all the better. But if the value works to say \$85 per square foot after all adjustments are made then there's a problem. The veteran is now left with the same three choices, negotiate, pay the difference or walk. But there might be one more thing that can be done to salvage the deal—an additional comparable sale. The appraiser researches public records and the local multiple listing service for recent sales to compare. Sometimes however there are properties that sold that never appeared in the MLS, a so-called “pocket listing.” Your real estate agent can do some research to see if there have been any such transactions and bring that property to light.

Minimum Property Requirements. A VA appraisal also has additional protections for the veteran that other appraisals don't have. These protections are called Minimum Property Requirements, or MPRs. MPRs require the property meet certain conditions before being VA eligible. In essence, the property must be habitable. The veteran must be able to move in right away with functioning water, electricity and other major systems in place. The MPRs include:

- Adequate heating to ensure a temperature of 50 degrees Fahrenheit.
- Proper utilities throughout the property.
- No evidence of termites or other wood-destroying pests.
- The roof must be in good condition
- If there is a basement, there can be no evidence of moisture.
- Crawl spaces must be easy to access and free of debris and moisture.
- No lead-based paint.
- No hazards such as improper or non-existent stair railings or exposed wiring.
- Easy access to the home and property.
- Void of any physical defects and deferred property maintenance.

The appraiser will complete the MPR form and include it with the appraisal report. It's important to remember the appraisal isn't the same thing as a home inspection. Inspections aren't mandatory, but buyers should consider them an essential part of the home buying process. Ideally, sellers will pay to make necessary repairs in order for the loan to close. But VA borrowers can also consider paying to make repairs, even those related to the MPRs. Whether that's a good investment is a question to consider in much greater detail, often in concert with your real estate agent and a good loan officer. [Source: Military.com | Chris Birk | Sep 05, 2014 ++]

VA Fraud, Waste, and Abuse ► 140901 thru 140915

- **Temple TX** - On the morning of July 1, 2008, Department of Veterans Affairs officials gathered to unveil a state-of-the-art brain scanner they predicted would help revolutionize the understanding of traumatic brain injury and post-traumatic stress disorder in combat veterans. The timing, and location, seemed perfect. One of the first studies would scan nearby Fort Hood soldiers before and after they deployed to war in Iraq or Afghanistan — a unique opportunity to study physical changes in soldiers' brains due to combat. Six years later, the \$3.6 million machine sits unused in an out-of-the way corner at the Olin E. Teague Veterans Medical Center in Temple. Not a single study based on the machine's scans has been published. Not a single veteran has received improved treatment because of advances ushered in by the scanner. The machine has sat dormant for the past three years, plagued by a series of delays caused by mismanagement, mechanical failures and bureaucratic roadblocks. Officials at the Waco Center of Excellence for Research on Returning War Veterans, which oversees the program, aborted the scanner's first and only brain study in 2011 when they declared its image quality too poor to use.



Michael Russell, Director of The Center of Excellence, enters the mobile MRI machine at the Olin E. Teague Veterans' Center in Temple on Monday August 4, 2014.

In a grim internal assessment, the center's associate research director, Dena Davidson, wrote in March 2013: "I think there should be serious consideration of The scanner idles 24 hours a day because it's more expensive to turn an MRI machine off and on than to keep it running. A full-time technician diligently performs daily maintenance checks on the unit. By early 2014, VA staffers were seeking alternative purposes for what was once envisioned as support space for the multimillion-dollar scanner. One idea: housing for lab rats. "Can I store my 14 rodent housing racks (2'x6'x7') in there?" one VA employee asked colleagues in a January email. "This is not a joke" returning the MRI from where it came because we do not have the expertise to use it or care for it." It was an inglorious decline for a machine once hailed by VA leaders as the most powerful mobile MRI on the planet. The scanner, housed in a semi-truck trailer, was supposed to travel between Fort Hood, the nation's busiest deployment hub for war-bound soldiers, and the VA hospitals in Temple and Waco.

Internal VA emails, reports and documents detail a program that was bungled almost from the start. Yet the story of how one of the agency's most powerful diagnostic tools devolved into a ghost machine also stands as a stark symbol of the VA's shortcomings in responding to the specialized needs of soldiers returning from the longest-running conflicts in the country's history. "Everyone involved in this effort felt this was a unique opportunity to help our troops, not just at Fort Hood, but throughout the country," said former U.S. Rep. Chet Edwards, D-Waco, who had worked to bring the center and mobile MRI to Waco. "I had hopes that this project would work at a time when troops were still deploying to Iraq and Afghanistan. I don't understand why that didn't happen. There may be a good reason. I simply do not know." [Source: American-Statesman | Jeremy Schwartz | Sept. 7, 2014 ++]

- **Bronx, New York - Robert Tucker** (64), of Bronx, New York, and **Erik Casiano** (29), of West Orange, New Jersey, were arrested 2 SEP for allegedly engaging in a conspiracy to distribute more than five kilograms of cocaine. "As alleged, the defendants used the cover of a facility dedicated to caring for our nation's heroes to further a scheme to distribute large amounts of cocaine. According to the Complaint filed 2 SEP in Manhattan federal court: "Since at least November 2013, the defendants used the United States Postal Service and the mailroom at the VAMC Bronx, New York to receive and distribute narcotics, including cocaine. TUCKER has been employed by the Medical Center since 1997, and has served as the Supervisor of the Logistics Warehouse and Mail Center since 2012. CASIANO has been employed by the Medical Center since 2012 as a pipefitter in the Plumbing Department. In December 2013, Postal Inspectors in San Juan, Puerto Rico, seized a suspicious package that was addressed to the Medical Center, to the attention of "Warehouse," and discovered approximately two kilograms of cocaine inside the package. On four separate occasions in July and August 2014, TUCKER was observed by undercover law enforcement personnel retrieving packages similar in size and weight to the aforementioned package from the Medical Center mailroom. The packages had been sent from San Juan, Puerto Rico, to the Medical Center, to the attention of "Logistic[s] Warehouse." On each occasion, TUCKER brought the package to his office, and CASIANO subsequently went into TUCKER's office and retrieved the package's contents before carrying them out of the Medical Center building. Two of the four packages handled by CASIANO and TUCKER were examined by drug-sniffing dogs prior to delivery and tested positive for the presence of narcotics. On September 2, 2014, TUCKER was observed on video surveillance retrieving another similarly addressed package from the Medical Center mailroom. TUCKER then brought the package to his office and met in the office with CASIANO, who provided \$500 in cash to TUCKER. Thereafter, CASIANO brought the package to his car. As CASIANO attempted to drive out of the Medical Center facility, he was arrested by Postal Inspectors, VA-OIG agents, and DEA agents who seized one kilogram of cocaine from the car. TUCKER and CASIANO are each charged with one count of conspiracy to distribute and possess with intent to distribute a controlled substance, in violation of 21 U.S.C. § 846. They each face a mandatory minimum of 10 years in prison and a maximum of life in prison. The charges contained in the Complaint are merely accusations, and the defendants are presumed innocent unless and until proven guilty. [Source: USDOJ District of New York News Release Sept. , 2014 ++]
- **Kansas City, Kan.** - The co-owner of a defunct Missouri construction company pleaded guilty 3 SEP to defrauding a federal program that set aside contracts for businesses owned by service-disabled veterans. **Michael J. Parker**, 40, Blue Springs, Mo., pleaded guilty to one count of conspiracy to commit fraud against the United States, one count of major program fraud and one count of wire fraud. In his plea, he admitted that he and his father, co-defendant, **Warren K. Parker**, made false claims in order for their company, Silver Star Construction LLC of Blue Springs, Mo., and Stilwell, Kan., to obtain more than \$6.7 million in contracts from the Veterans Administration

and more than \$748,000 in contracts from the Department of Defense. The contracts were awarded under the Service-Disabled Veteran-Owned Small Business Program. After an extensive investigation, federal agents determined that in fact Warren Parker never was classified as a service-disabled veteran by the Veterans Administration or the Department of Defense. Sentencing will be set for a later date. Both parties have agreed to recommend a sentence of 51 months in federal prison and restitution. Co-defendants include Warren K. Parker, who was sentenced to 87 months, Mary Parker, who is set for jury trial Oct. 6, Thomas Whitehead, who is awaiting sentencing, and Silver Star Construction, LLC, which is set for trial Oct. 6. [Source: USDOJ District of Kansas News Release Sept. 4, 2014 ++]

- **St. Louis, MO** – On 5 SEP **Regina Danko**, of Ivyland, Pennsylvania, pleaded guilty to participating in a conspiracy to defraud the United States in federal court. Danko, the principal shareholder of Tri-Ark Industries, Inc., a government contracting firm located in the Philadelphia area, admitted to conspiring to make false statements and defraud the government in connection with a five-year contract to provide janitorial services at the Robert A. Young, Jr. federal building in downtown St. Louis. According to the plea agreement, Danko conspired with others to provide a false joint venture agreement and other false representations to government contracting officials that the firm bidding on the company was owned in the majority and controlled by a service disabled veteran to comply with rules for government contracts set aside for firms owned by such veterans. Danko admitted that the veteran with whom she partnered was merely a straw person and, contrary to her representations to the government, had no duties with the contract and accepted only small annual payment so that his name and status could be used. Danko also admitted the project manager at the Robert A. Young, Jr. building and another employee of Tri-Ark participated in the scheme. From 2007 to 2012, Tri-Ark collected more than \$8.7 million dollars under this contract and almost all of the profits earned on the contract were retained by Tri-Ark to the benefit of Danko. Danko pleaded guilty to one count of conspiracy to commit an offense against the United States in violation of Title 18, United States Code, Section 371. At sentencing, which was set for December 11, 2014, she faces up to five years imprisonment, a fine of up to \$250,000 or both. In addition to these penalties, Danko agreed to the criminal forfeiture of more than \$2.4 million dollars, which was seized by investigators. Danko has also acquiesced to the non-renewal of a successor contract she held at the Robert A. Young, Jr. building with an unrelated service-disabled veteran. [Source: Eastern district of MO USDOJ Press Release 5 Sep 2014 ++]

VA Credibility Update 19 ► 100-day VA Reform Plan Launched

Veterans Affairs Secretary Bob McDonald said the recurring complaint he heard during a month-long listening tour across America is that his department's culture is still too closed and unfriendly. To counter that, he has been giving out his personal cell phone and email at every stop — to lawmakers, media members, employees, and large groups of frustrated veterans. "We need to rebuild relationships with veterans and other stakeholders," McDonald said during a press conference in Washington, D.C., on 8 SEP. "We're trying to reach out, establish relationships, learn about what's going wrong and figure out how to improve." Monday's event was the official launch of VA's new "Road to Veterans Day" initiative, a push to reform and rebrand the department in McDonald's first 100 days in office. The moves include internal reforms in how things like inter-office communications and appointment scheduling are handled, and outreach to community leaders to help with recruiting new workers and fixing future problems.

McDonald, a former CEO of Procter & Gamble who took over the cabinet post after former secretary Eric Shinseki resigned, has promised significant changes in a short period of time. He has mandated that employees reaffirm their commitment to putting veterans first, and re-examine their workload to jettison any tasks that interfere with providing direct care to veterans. On Monday, he noted that the department currently has 14 different websites to access veterans' programs, each with a separate login and password. "That's just flat-out wrong," he said, acknowledging that VA "is too complicated from a veteran's standpoint." He has also promised to discipline workers found to be harming veterans, either through negligence or malice. The department has been in turmoil for months since reports showed evidence of record manipulation and lengthy medical care wait times for veterans at dozens of VA sites, and Congress recently passed new legislation to ease rules to quickly dismiss senior executives for mismanagement.

McDonald said that this summer alone, the department has started disciplinary actions against more than 30 employees for malfeasance and incompetence, including at least five senior executives. But lawmakers and department critics have said that pace is still too slow to root out problem workers. McDonald acknowledged that more than 100 cases involving VA facilities are currently under investigation by department and outside legal agencies, and promised more actions will be taken when those reviews are complete. He also said that fixing VA will require more than firing individuals, and spoke about the importance of building new leaders and recruiting top talent into the department. "We're working hard to create and sustain a climate that embraces constructive dissent, that welcomes critical feedback," he said. "I want every employee to criticize what we do and help us improve." But McDonald also pushed back against the public narrative about VA being a broken mess, touting the Veterans Health Administration as full of dedicated employees with innovative health ideas. He insisted that veterans should be proud of VA, even as they demand changes. [Source: NavyTimes | Leo Shane | Sept. 8, 2014 ++]

VA Credibility Update 20 ► SVAC Hearing VA OIG Testimony

Richard J. Griffin, Acting Inspector General Office of Inspector General Department of Veterans Affairs , on 9 SEP testified before The Committee On Veterans' Affairs United States Senate Hearing On "The State Of VA Healthcare". An excerpt from his testimony follows:

"If headquarters and facility leadership are held accountable for fully implementing VA's action plans, VA can begin to regain the trust of veterans and the American public. Employee commitment and morale can be rebuilt, and most importantly, VA can move forward to provide timely access to the high-quality health care veterans have earned—when and where they need it." My observation: If headquarters and facility leadership were themselves working VA doctors they would know that the real problem is that VA doctors must perform clerical tasks while their patient treatment time is micro-managed by non-medical people who impose budgetary, security and other constraints unique to the VA. Budget-based micro-management inevitably overrules the Hippocratic principle of FIRST, DO NO HARM. There should be no management of doctor-patient relationships.

My remedy proposal: Remove headquarters and facility leadership, and let doctor's manage their time and support teams according to each patient's individual needs. Doctors should be policed by the AMA, not the VA's managerial bureaucracy. Facility budgets should be managed by doctors, or private organizations, and not left to the stonewalling technique which is the facility management's only possible method. The VA's slogan is "veterans first," but in practice it's the budget that takes priority over quality veterans' health care. **The entire machine needs to be retooled, or it ain't gonna work.** His entire

testimony can be read at <http://www.va.gov/OIG/pubs/statements/VAOIG-statement-20140909-griffin.pdf>.

[Source:

Veterans Affairs Office of Inspector General (OIG) Msg. Sept. 9, 2014 ++]

VAMC Houston TX ► Groundbreaking Surgery Saves Vet's Life

A groundbreaking surgery at the Michael E. DeBakey VA Medical Center in Houston TX recently saved the life of a 66-year-old Army Veteran. **Charles Miles** of Missouri City, Texas had no previous medical issues and thought it was a normal day when he arrived at MEDVAMC for work as a Vocational Rehabilitation Employment Specialist one day last April. However, after being told by several co-workers that he wasn't looking or acting like himself, Miles began to feel very ill. "I was rushed to the Emergency Room and before I knew it I was in a battle for my life," he said. Once Miles was stabilized in the Emergency Department, he was diagnosed with cancer. "Mr. Miles had a tumor on his liver that had ruptured," said Chief Resident of General Surgery, Sonia Orcutt, M.D. "It was a large tumor and his medical status was very complicated." Miles experienced rapid blood loss from the ruptured tumor, which was close to taking his life. MEDVAMC Acute Care Surgery and Interventional Radiology teams quickly stopped the bleeding and were able to stabilize his condition.

Given the size of the tumor and the fact that it had already ruptured, Miles knew that his condition was extremely serious. He vividly remembers being seen by Dr. Daniel Anaya, M.D., Chief of General Surgery & Surgical Oncology and Associate Professor of Surgery-Surgical Oncology at Baylor College of Medicine, who told him "...I think there is a way we could treat this tumor..... I want to give you the best shot at saving your life..." Miles recalls. "I knew immediately that he was committed to getting me back on my feet." Anaya suggested that despite Miles' sensitive medical condition, he consider undergoing aggressive cancer treatment in a series of steps, with removal of a major portion of his liver as the ultimate goal. It would be a risky surgery, but Anaya and his staff in surgery felt sure that with the proper precautions they could perform the surgery with a positive outcome.

To make the surgery safer, Anaya worked with the Medical Center's Interventional Radiology team during an overnight procedure to make the healthy side of Miles' liver grow prior to the major operation. This initial procedure – only performed in very few VA Medical centers - went very well, allowing the team to proceed with the liver operation shortly after. "We ended up removing about 60-percent of Mr. Miles' liver," said Anaya. "We took a number of special steps before the surgery to ensure the best chance of success. We wanted to give him the care that he and every other Veteran deserve – equal or better than that provided at any other top hospital in the nation." Now, four months after the surgery, Miles is cancer-free and has a functioning liver. He is thrilled with the outcome of the surgery and with the care he received at the VA. "The people here treated me and my family with an incredible amount of dignity and respect," said Miles as he embraced Dr. Orcutt with tears in his eyes. "I'm so proud to work at the Houston VA and I feel fortunate to receive my healthcare here. What they have done for me is nothing short of a miracle."



Veteran Charles Miles talks to Dr. Sonia Orcutt about what he should expect with his cancer free liver.

The dedicated staff at the MEDVAMC Cancer Center successfully treats thousands of Veterans with cancer every year. Anaya credits much of their success to the fact that medical professionals from different disciplines, including Surgical Oncology, Medical Oncology, Radiation Oncology, Digestive Diseases, Interventional Radiology and Pathology, work together to ensure each Veteran receives state-of-the-art cancer care. “Our surgery team takes great pride in providing top quality health care to the men and women who have served our country,” Anaya said. [Source: VHA Update VISN 16 | Tami Schutter | Sep 04, 2014++]

VAMC Phoenix AZ Update 08 ► Vet Loses Nose to Wait Times

Edward Laird is one of the faces behind the VA scandal -- a face he says is disfigured because he had to wait so long for treatment. The 76-year-old Navy veteran waited two and a half years to get a biopsy for a spot on his nose. And when the VA finally carried out the procedure that his doctor had ordered, the cancer had spread and most of his nose had to be removed. Laird sought treatment at the Phoenix VA hospital, the facility at the heart of a scandal uncovered by CNN of secret waiting lists and altered records that left veterans untreated, even as some died. The Inspector General of the VA released a scathing report last week on care of veterans at the Phoenix VA hospital, which could be just the beginning of a nationwide federal review of the Veterans Health System.



Edward Laird

A physician at the Phoenix VA confirmed to CNN that he sent Laird to the VA's dermatology clinic repeatedly to get a biopsy of his nose, but the biopsy was repeatedly delayed. Laird said 70% of his nose was removed to fight the cancer that spread as he waited for care. After complaining about the delay, Laird received a letter from the then-interim director of the Phoenix VA that said, "I regret that you are dissatisfied with the care. The dermatologist that you saw did not identify any of the signs of a reoccurrence," referring to the spread of cancer. Today, Laird uses an ice cream stick to keep his right nostril open. Despite long wait times at the VA, Laird said he remains proud of his military service and the military brothers and sisters he meets when he goes to the Phoenix VA. "There's always lines at the VA but when you go, there you feel like you're walking along with a bunch of champions," Laird said. "It'll jerk a tear from you sometimes." Go to <http://www.cnn.com/2014/09/05/us/phoenix-va-delays-victim> for a video clip of the CNN report.

The VA OIG report released last week found that 28 veterans had "clinically significant delays" in care at the Phoenix VA, six of whom died. But the Inspector General report stopped short of blaming the deaths on wait times, stating: "While the case reviews in this report document poor quality of care, we are unable to conclusively assert that the absence of timely quality care caused the deaths of these veterans." Laird's case is not directly described in the report. Investigators did confirm in the report that schedulers at the Phoenix VA manipulated appointment data to hide how long patients were waiting for care. The latest data released by the VA shows more than 630,000 patients throughout the nation continue to wait longer than 30 days for appointments. More than 9,000 veterans are waiting this long for appointments at the Phoenix VA. President Barack Obama pledged last week at the American Legion conference in North Carolina to "get to the bottom of these problems," calling them, "outrageous and inexcusable." [Source: CNN Investigations | Drew Griffin | Sep 05, 2014 ++]

VAMC Phoenix AZ Update 09 ► Report on VA Deaths Raises Questions

A Department of Veterans Affairs inspector general's report on delayed health care at the Phoenix VA medical center used a standard to evaluate patient deaths that would be virtually impossible to meet, according to medical experts. Inspector General Richard Griffin, who oversees the VA's internal watchdog agency, stressed in his 26 AUG report that investigators were "unable to conclusively assert that the absence of timely quality care caused the deaths" of Arizona veterans who died while on secret wait lists for appointments. Media outlets widely reported that whistle-blower allegations were exaggerated and that

veterans were not severely affected by wrongdoing at the Phoenix VA medical center. But health-care experts say Griffin's report used a measure that is not consistent with pathology practices because no matter how long a patient waits for care, the underlying "cause" of death will be a medical condition, rather than the delay.

Put simply, people die of pneumonia, heart conditions and bullet wounds — not waiting to see the doctor. "I think that would be a standard that is very difficult to meet," said Dr. Gregory Schmunk, chief medical examiner in Polk County, Iowa. Schmunk, past head of the National Association of Medical Examiners, stressed that he was not speaking in that capacity but from his expertise on mortality. "Delay of care may not have been the proximate cause of death," he said, "but the real question is: Did delay of treatment cause the patient to die earlier than necessary?" Dr. Gregory G. Davis, current head of the association and chief medical examiner in Jefferson County, Ala., also questioned the standard used in the Office of Inspector General report. "I can't imagine a circumstance where someone would word it that way," he said. Both doctors said delays in care could be linked to death in an extreme case, such as a patient who developed bed sores leading to sepsis and fatal pneumonia as a result of negligence. Even then, they said the cause of death would be pneumonia, while lack of treatment would be identified as a contributing factor.

During a Senate Committee on Veterans' Affairs hearing 9 AUG, Sen. Dean Heller (R-NV) challenged the language in the OIG report, suggesting it downplayed the effects of long-standing VA delays in delivering care to ailing veterans. "I don't want to give the VA a pass on this, and that's exactly what this line does," Heller said to Dr. John Daigh, assistant inspector general for health-care inspections. "It exonerates the VA of any responsibility in past manipulation of these ... wait times." Heller grilled Griffin about whether the cause-of-death standard was in initial drafts of his report or was inserted after VA administrators reviewed the findings and urged changes. Griffin acknowledged the changes were not in early drafts, but he added emphatically, "No one in VA dictated that sentence go in the report, period." Untimely care is not among the recognized causes of death published by the World Health Organization or the Centers for Disease Control and Prevention.

In e-mail correspondence, The Arizona Republic asked VA officials to point out a previous inspector general report that listed untimely care as the cause of a patient's death. Griffin did not identify any such report or respond to questions about why he used the unprecedented standard in Phoenix. He also would not discuss why his investigative findings did not address how many deceased patients might have lived longer if timely treatment had been available, or the hundreds of surviving veterans whose medical conditions could have been improved — or suffering reduced — if not for inappropriate delays in care. Inspectors did not interview any veterans or family members before reaching their conclusions, according to a spokesman for the House Committee on Veterans' Affairs. The OIG report said that more than 3,400 Arizona veterans were subjected to delays while on unauthorized wait lists and that at least 28 patients were affected by "clinically significant delays in care." Six of them died. The report also criticized the Phoenix VA Health Care System for "unacceptable and troubling lapses in follow-up, coordination, quality and continuity of care" and said managers knew about the scheduling misconduct.

Based on the OIG's cause-of-death conclusion, many media outlets cast the investigative report as vindication for the VA and as refutation of Arizona whistle-blower claims. A Washington Post article was headlined, "Overblown claims of death and waiting times at the VA." The Associated Press report, which appeared in publications nationwide, was titled, "IG: Shoddy care by VA didn't cause Phoenix deaths." That spin on the story first circulated a day earlier when a copy of the VA's response to the OIG investigation was leaked before release of the report. The key talking point: "It is important to note that OIG was unable to conclusively assert that the absence of timely quality care caused the death of these veterans." Inspector

general reports are typically circulated to agency bosses prior to publication, providing an opportunity to correct errors and suggest changes.

More than a week before the Phoenix investigation was released, TheRepublic learned that a dispute had arisen over standard-of-proof language that was being pushed by VA administrators to downplay deaths in Phoenix. Under the Freedom of Information Act, The Republic requested OIG report drafts and e-mail records showing whether the OIG's questionable phrasing was inserted at the request of VA Secretary Robert McDonald or other agency leaders. Those materials have not been made available to the newspaper. Under pressure last week, however, Griffin supplied a copy of the draft document to the House Committee on Veterans' Affairs. According to correspondence obtained by The Republic between the committee and the OIG, the sentence in question was inserted after VA administrators reviewed the findings.

Records show that the House committee was concerned about the OIG's death analysis a week before release of the report. On 19 AUG, Rep. Mike Coffman (R-CO), chairman of the Subcommittee on Oversight and Investigations, wrote to Griffin pointing out that the VA determines whether a veteran's medical problems are service-connected based on a greater-than-50 percent standard, or "more likely than not." Coffman suggested the same measure should be used to evaluate whether veteran fatalities in Phoenix were related to untimely care. Among his other questions:

- Did anyone at VA headquarters "attempt to persuade OIG not to use the greater than 50% threshold?"
- "Were there VA cases that did not meet the greater than 50% threshold, but reviewers concluded that the wait may have contributed to the death?"

House records show that Griffin sent letters back advising, "I can assure you that minimal changes were made to the draft report following receipt of VA's comments." He wrote that a "more likely than not" standard is not appropriate for linking delayed care to deaths. Griffin also contended that committee staffers asked the OIG to review Phoenix cases "in order to 'unequivocally prove' that the deaths occurred due to delays in care." That characterization is false, according to committee records, which show that Griffin was asked to determine whether deaths were "related to" untimely care. Finally, Griffin informed Coffman that his office did not evaluate Phoenix VA medical care for medical negligence or malpractice "because that is not the role of the OIG." In a statement to The Republic, Rep. Jeff Miller, chairman of the House committee, said significant changes were made to the inspector general report after viewing by VA administrators and were "selectively leaked" by the agency. He concluded: "This matter deserves further study and review. We will ensure that happens."

The House Committee on Veterans' Affairs has scheduled a hearing 18 SEP with Dr. Sam Foote and a Phoenix VA employee, Dr. Katherine Mitchell, both Arizona whistle-blowers, among the witnesses. OIG investigators corroborated virtually every major allegation of wrongdoing submitted by the two whistle-blowers. Nevertheless, the report and congressional briefing papers contain passages that appear to criticize Foote and his credibility, emphasizing that "the whistle-blower did not provide us with a list of 40 patient names." The passage referred to VA patients Foote said died while awaiting care in Phoenix. According to the House committee, OIG staffers acknowledged during a briefing that the sentence jabbing Foote was not in the original draft of the Phoenix report but was inserted in response to comments by VA administrators during a review. In interviews and a written rebuttal, Foote said the portion of the report about him is "false and misleading" because he and other whistle-blowers provided 24 names to inspectors and explained where in VA records to identify 16 more. Another part of the VA report acknowledged that Foote had supplied at least 17 names and that others could not be traced because documentation had been destroyed by VA employees. [Source: The Arizona Republic | Dennis Wagner | Sept. 12, 2014 ++]

VAMC Minneapolis MN ► Alleged Pressure to Falsify Records

Sources say the Department of Veterans Affairs Office of Inspector General is flying an investigator to Minnesota next week to interview whistleblowers who told KARE 11 News they were pressured to falsify patient records at the Minneapolis VA medical center. The action comes after Rep. Tim Walz (D-MN) called for a "full investigation" of the whistleblower's allegations. "I feel like they need to be exposed for what's really going on," said Letty Alonso in an interview broadcast 4 SEP. Alonso and Heather Rossbach, another former scheduler in the VA's Gastroenterology Department, told KARE 11 they were instructed to close cases by writing that patients had refused treatment when, in reality, the veterans had not be notified.

They claim some of the cancelled cases involved patients who were suspected of having colon cancer. Both women say they were abruptly fired after trying to report the problem to local VA managers. They have filed a formal complaint with OIG in Washington D.C., detailing their allegations and are contesting their firings though the U.S. Office of Special Counsel.

Their allegations are in addition to charges that the Minneapolis VA kept a secret patient waiting list to make it look like managers were meeting performance goals. "They had this list they kept that was kinda hidden," said Rossbach. "Just so it couldn't be audited," added Alonso. "It wouldn't even be in the system at all." Walz responded 4 SEP to a KARE 11 report on the women's claims they were pressured to falsify patient appointment dates and medical records to hide delays. Walz, a Minnesota Democrat, is a member of the House Veterans' Affairs Committee. In a statement, he calls the allegations "extremely troubling" and says they run counter to what local leadership at the VA told him. Walz has sent a letter to federal agencies to confirm they are investigating the former workers' claims. Minneapolis VA Health Care System director Patrick Kelly says the allegations about patient wait times are "unfounded." For KARE 11's report go to <http://www.kare11.com/story/news/investigations/2014/09/04/walz-calls-for-fed-probe-of-ex-va-workers-claims/15105751/>. [Source: <http://www.kare11.com/> Sept. 5, 2014 ++]

VAMC Philadelphia ► VA Ripped at Raucous Town Hall Meeting

More than 75 veterans and their family members, many fuming, packed a town-hall meeting at Philadelphia's veterans hospital 10 SEP, scolding administrators about the quality of care and voicing deep skepticism that change is possible. What was billed as a question-and-answer session turned into a mostly one-way onslaught, the most heated of three Veterans Affairs town-hall meetings held in the city in an attempt to repair trust lost by the national scandal over delayed care. A panel of administrators, nodding in recognition of the fury from a table at the front of the auditorium, listened, apologized, and promised to do better. "It angers me when I come to a venue like this, when I see folks sitting up front with the shirts and ties and dresses, who supposedly have answers," said one veteran among the group gathered at the Veterans Affairs Medical Center in University City. "But yet, as soon as the meeting is over, nothing changes. It's the same old B.S." "We are looking forward to a new day," replied moderator Susan Blake, chief of quality management at the facility. "We understand your frustration and concerns."



The event, at times overtaken by shouts from veterans and calls for courtesy from organizers, was a stark turn from the sparsely attended and largely civil meetings held two weeks ago at the city's benefits office in Germantown. It followed last week's visit by Veterans Affairs Secretary Robert McDonald to both facilities, which have been under scrutiny for issues ranging from alleged wait-time manipulation to insensitivity to veterans. At the hospital and a clinic it runs in Horsham - which between them serve more than 65,000 veterans from Southeastern Pennsylvania and South Jersey - some appointment schedulers have said they were instructed to enter dates different than those requested by veterans, a method of masking delays, according to an internal VA audit.

While the hospital's spokeswoman has said that the problems were bookkeeping errors and that an ongoing investigation by the VA Office of Inspector General would not find willful data manipulation, hospital director Daniel Hendee said Wednesday he would wait until the investigation is complete to draw a conclusion. "Certainly, based on what I know of this organization and the confidence I have in the staff, while I don't believe there was true manipulation, again I want to be very clear to say, we are going to await the independent investigation," he said. The FBI and Department of Justice are involved, to varying degrees, in each of the ongoing investigations at VA facilities, according to a spokeswoman for the Inspector General's Office. Hendee said he was not aware of federal investigators' reviewing potential criminal charges connected to data manipulation in Philadelphia. Complaints at Wednesday's meeting, which drew a crowd that lined the walls of the small auditorium, were varied and spanned both the health and benefits systems.

- A woman said she scheduled an appointment for November only to have it canceled last month with no explanation.
- A patient who wheeled himself to the auditorium from his hospital room described an endless runaround with doctors that has not resulted in answers about his condition.
- A man questioned who would be fired over a training manual used last month at the city's benefits office that appeared to liken veterans to Oscar the Grouch, the trash-can-dwelling Sesame Street character.
- Frank Thorne, a 39-year-old veteran from Philadelphia, said a VA doctor failed to diagnose a slipped disk in his back that has left him in crippling pain. He said he dreads visiting the VA hospital. "I'm sorry that's been your experience," Blake told him. "It's been everybody's," several in the audience responded, as hands beckoning the microphone shot into the air.

Some attempted to calm the tension and keep the conversation productive. "You're not on your own. We have to work together," said Nelson Mellitz, a member of the Jewish War Veterans and an appointee to Gov. Christie's Veterans Service Council. He encouraged veterans to lean on service organizations for help with

their cases. Theresa Thornton, holding a purple book filled with handwritten notes about her father's and brother's VA benefits claims, said she hoped the scrutiny of the embattled agency would lead to real change. But she said the public had to hold "feet to the fire" to make sure that happens. "My father answered the call. So did my brother. So did all of these people here. So did you, sir," she said, turning to face Hendee, an Air Force veteran. "So, anything you can do to help us push forward and not let this just be another exercise in vain." Hendee said Wednesday that the hospital plans to host more meetings. When attendees asked for those to be held within the community, not at the hospital, administrators said that could be done. He also said several representatives from the hospital will speak at a Philadelphia City Council committee meeting Monday. He said staff will follow up with every veteran who spoke Wednesday. "We want to listen to you. When you listen, you learn," he said. "We are committed to changing this organization for the better. . . . It's just going to take us a little bit of time to do so." [Source: Philadelphia Inquirer | Tricia L. Nadolny | Sept. 11, 2014 ++]

VAMC Hampton VA ► Vets Air Frustrations at Town Hall Meeting

Theodore Little, a Vietnam veteran, wanted to know why he is still waiting for answers and an outside cardiologist. It's been months, he said, since he suffered a heart attack because of missteps during a simple skin surgery at the Hampton VA Medical Center. Another man talked about his botched lung operation. "A culture of laziness," said another. Fighting back tears, former Navy nurse Gina Brown read a list of problems she'd compiled at home the night before: No one ever answers the phone. Doctors barely touch her during rushed exams. She waits months for appointments and finds egregious mistakes in her medical records. "I'm ready to give up," Brown said, shaking. "When I come here, my anxiety gets so high." Less than 20 minutes into a town hall forum Wednesday night at the Hampton VA, the hospital's director, Michael Dunfee, had given his personal cellphone number to the entire room, promising to make improvements. In sum, the story aired by the dozens of veterans at Hampton's forum was one of a system overwhelmed.



Marine veteran Marshall Stipes, 25, of Suffolk on 10 SEP stood among veterans gathered for a town hall-style meeting with Michael H. Dunfee, director of the Hampton VA Medical Center, and talked about his frustrations in getting care there.

On top of doctor shortages, veterans said, the medical center employs too many "bad apples," as more than one called them, who degrade the efforts of better staffers. "Their attitudes are crappy," one woman said. "You have to get rid of them." A 25-year-old veteran, Marshall Stipes, acknowledged that he's gotten excellent care from some VA doctors. But mistakes by one bad one forced him to undergo a spine operation by a non-VA surgeon, he said, causing his family to "go broke." Stipes described endless phone calls to the VA because he was repeatedly passed off to someone else. The problems never should have gotten so bad that a hospital director would need to give out his cellphone number, he said.

The forum followed months of upheaval across the VA system that began when the news media exposed falsified appointment wait times and secret patient lists meant to hide long treatment delays at some hospitals. The discoveries forced systemwide audits, the departure of former Veterans Affairs Secretary Eric Shinseki and other top officials, and intervention by President Barack Obama and Congress. At the heart of the problems is an acute shortage of doctors, nurses and other clinicians, complicated by an influx of Iraq and Afghanistan veterans. In August, Shinseki's replacement, Robert McDonald, ordered all VA health care and benefits facilities to hold public forums by the end of this month, saying they were needed to help "rebuild trust among veterans." This week McDonald outlined broad steps to fix the agency, including remaking its management culture and hiring tens of thousands of caregivers.

Issues uncovered at the Hampton medical center, which served about 45,000 veterans last year, were comparatively mild. A small number of Hampton employees told auditors they were instructed to falsify appointment information, according to the VA. Staff at a clinic in Virginia Beach, which is overseen by the Hampton center, also reported being told to improperly record appointment data. Hampton officials have acknowledged flaws in the scheduling system. They've promised to fix them, along with the phone problems, and to shorten wait times by hiring more doctors. Dunfee repeated those promises Wednesday night, saying that Hampton's shortage of primary care doctors is its most pressing problem. But he stressed that in quality of care and patient outcomes, Hampton has received comparatively high marks. "We're way up there," he said.

Between 2008 and last year, the enrolled patient load at Hampton rose by 13,000, to roughly 44,000 - a 42 percent increase. Over the same period, Hampton's staffing increased 18 percent. Demand for primary care grew from 89,000 appointments in 2012 to 109,000 in 2013. According to the latest VA data, new patients at Hampton wait an average of 41 days for a primary care appointment, 37 days for specialty care and 29 days for mental health care. Established patients wait an average of 30 days for primary care, 11 for specialty care, and 12 for mental health. The new-patient wait times at Hampton are similar to national averages, but delays for established Hampton patients, especially for primary care, are longer than average. [Source: The Virginian-Pilot | Corinne Reilly | Sept. 11, 2014 ++]

Board of Veterans' Appeals Update 07 ► Mismanagement Alleged at Board

A senior attorney at the Board of Veterans Appeals told lawmakers 10 SEP that managers at the agency covered up delays in appeals processing and doctored records to protect their performance bonuses. Lawmakers said they were dismayed not just at the allegations but how closely they echo earlier VA scandals of case manipulation and whistleblower retaliation that have been the source of months of oversight and criticism. In testimony before the House Veterans' Affairs Committee, Kelli Kordich, an Army veteran and 15-year employee at the board, described "corruption and blatant disregard for our nation's veterans" and "a toxic management system that uses a culture of fear and intimidation to attain its goals." Leaders at the board denied the charges, saying lengthy delays in processing appeals — an average three year wait — are a result of the complexity of the issues involved and the increasing workload of the board. But the allegations cast doubt on reports from the board that it's processing cases at record rates, and represent more headaches for VA officials who are trying to restore public confidence in their work and data.

Kordich detailed problems with cases that sat on senior leaders' desks awaiting final signatures for hundreds of days. When VA leadership was alerted to the problem, Kordich said, board officials changed records to cover up the wait times. She also said lawyers were forced to rush through other appeals to help meet annual workload goals, possibly compromising veterans' cases. And she claimed that when she brought

the problems forward, she received retaliation in the form of reassignment to a windowless office with limited responsibilities. Board of Appeals Executive in Charge Laura Eskenazi denied those charges, saying the problems stem from an increase in appeals and not mismanagement by senior officials. The board has processed more than 50,000 appeals so far this fiscal year, but Eskenazi said another 60,000 are still in the pipeline.

Rep. Mike Coffman (-CO) called the delays and allegations “alarming” and said he now questions if any data coming from the board can be trusted. In recent months, VA employees have come before the committee to testify about manipulation of patient wait time data, claims backlog figures and performance bonus metrics. New VA Secretary Bob McDonald has promised to have outside auditors review department record keeping practices and instill a veterans-centered culture at the department.

[Source: NavyTimes | Leo Shane | Sept. 10, 2014 ++]

* Vets *



Nebraska Vet Cemetery Update 05: ► Omaha National Cemetery Named

The Department of Veterans Affairs (VA) selected the name Omaha National Cemetery for the national cemetery that VA will construct in the Omaha region. “The Veterans of eastern Nebraska and western Iowa deserve a final resting place worthy of their service to our nation,” said Robert A. McDonald, Secretary of Veterans Affairs. VA purchased the Sarpy County land located along South 144th St. (Highway 50), at 14250 Schram Road for \$6 million in December 2012. The cemetery will serve more than 112,000 Veterans in eastern Nebraska and western Iowa not currently served with an open national, state or tribal Veterans cemetery within 75 miles of their residence. VA awarded Vireo Planning & Design of Omaha, a small business, the \$1 million architect and engineering contract for the cemetery in Aug. 2013. In fall 2014, VA plans to award a design/build construction contract to complete the remaining cemetery design work and construct the cemetery.

VA anticipates that the initial phase of the design/build project will take 2 to 2 ½ years to complete and develop approximately 35 acres of land for approximately 5,500 interment sites, including casket interments, columbarium niches, in-ground sites for cremated remains and an ossuary. The project will also incorporate memorial walls to commemorate those whose remains are not available for interment. In addition to the gravesite development, construction will include access roads, an entrance area, a flag/assembly area,

committal shelters; an administration building/public information center with electronic gravesite locator, public restrooms, a memorial walkway, a maintenance complex and more.

National cemeteries are named based on the geographic area in which the cemetery is located. VA relies on local Veterans and community leaders to submit name suggestions. Of the names submitted, "Omaha National Cemetery" best met VA's naming criteria and is consistent with the requirements specified in title 38 United States Code § 531, requiring VA property, including national cemeteries, to be named for the geographic area in which the facility is located. The closest national cemetery is Leavenworth National Cemetery located in Leavenworth, Kan., approximately 180 miles to the southeast. Fort McPherson National Cemetery in Maxwell is the only other VA cemetery in Nebraska.

VA dedicated the Nebraska Veterans Cemetery at Alliance, located in the western part of the state, in August 2010. The cemetery is run by the state and is comprised of approximately 20 acres. The Nebraska Veterans Home Cemetery in Grand Island, also administered by the state, is comprised of four acres and serves the residents of the Nebraska Veterans Home. Veterans with a qualifying discharge, their spouses and eligible dependent children may be buried in a VA national cemetery. Also eligible are military personnel who die on active duty, their spouses and eligible dependents. Other burial benefits available for all eligible Veterans, regardless of whether they are buried in a national cemetery or a private cemetery, include a burial flag, a Presidential Memorial Certificate and a Government headstone or marker.

In the midst of the largest expansion since the Civil War, VA operates 131 national cemeteries in 40 states and Puerto Rico and 33 soldiers' lots and monument sites. More than 4 million Americans, including Veterans of every war and conflict, are buried in VA's national cemeteries. Information on VA burial benefits can be obtained from national cemetery offices, from the Internet at <http://www.cem.va.gov>, or by calling VA regional offices toll-free at 800-827-1000. To make burial arrangements at any VA national cemetery at the time of need, call the National Cemetery Scheduling Office at 800-535-1117. [Source: VA News Release Sep 05, 2014 ++]

Vet Cremains Update 24 ► 13 Laid to Rest in Detroit

Thirteen military veterans whose remains went unclaimed at a Detroit morgue were finally laid to rest 11 SEP in side-by-side plots after a 60-mile procession in which state troopers on motorcycle accompanied the 13 hearses to the cemetery. The bodies buried at Great Lakes National Cemetery in Holly Township were the last of 200 that were unclaimed and being held by the Wayne County medical examiner's office. The civilian burials were completed last month. Some of the 200 bodies went unclaimed for as much as three years before they were buried. A private coalition stepped in when Wayne County was unable to bear the cost. "This brings to an end a very tragic time in our community," Dr. Richard Krugel, chairman of The Jewish Fund, said during the ceremony. His organization was a major player in coordinating the burials.



Amelia Dukes-Hutton holds a rose and the flag from the casket of her brother, Roland Burke Dukes, during a memorial service and burial at Great Lakes National Cemetery in Holly Township, Mich.,

Of the 13 veterans who were buried Thursday, only one — Vietnam-era veteran Roland Dukes — had a family member present who received a flag from the casket. "We appreciate them honoring him. A lot of time has passed by. It was a beautiful ceremony," said Shimeca Jackson, Dukes' niece. Funeral arrangements were coordinated by the Missing in America Project, which also led efforts to identify and verify the military service record of each deceased veteran. David Techner, funeral director of the Ira Kaufman Chapel in Southfield and a member of the coalition responsible for the burials, said having "hundreds of bodies stacked up in the morgue" will never happen again. That's because of what he calls "Initiative 91," which calls for the coalition to step in and either bury or cremate a body that is not claimed within 90 days. Maj. Carl Livingston, a chaplain with the Army National Guard, said during the service that "all service members just want to return home." These men did just that, he said. "Rest in peace, dear brothers-in-arms," Livingston said, before snapping off a salute to the 13 flag-draped caskets behind him. [Source: AP article Sept. 11, 2014 ++]

Discharge Review Boards ► Types

Are you a veteran who needs to change, correct, or modify your discharge or dismissal? If you qualify and take the proper steps you can apply for a review of discharge and possibly have it changed. Each of the military services maintains a discharge review board with authority to change, correct or modify discharges or dismissals that are not issued by a sentence of a general courts-martial. The board has no authority to address medical discharges. There are two prerequisites for obtaining a review:

- The veteran or, if the veteran is deceased or incompetent, the surviving spouse, next of kin or legal representative may apply for a review of discharge by writing to the military department concerned, using DoD Form 293. This form may also be obtained at a VA regional office, or from veterans organizations.
- If the discharge was more than 15 years ago, a veteran must petition the appropriate service Board for Correction of Military Records using DoD Form 149, which is discussed in the "Correction of Military Records" at <http://www.military.com/military-transition/correcting-military-records.html>. A discharge review is conducted by a review of an applicant's record and, if requested, by a hearing before the board.

Discharges awarded as a result of a continuous period of unauthorized absence in excess of 180 days make persons ineligible for VA benefits regardless of action taken by discharge review boards, unless VA determines there were compelling circumstances for the absence. Boards for the correction of military records also may consider such cases. Veterans with disabilities incurred or aggravated during active military service may qualify for medical or related benefits regardless of separation and characterization of service. Veterans separated administratively under other than honorable conditions may request that their discharge be reviewed for possible recharacterization, provided they file their appeal within 15 years of the date of separation. Questions regarding the review of a discharge should be addressed to the appropriate discharge review board at the address listed on DoD Form 293. The 2 forms can be downloaded at:

- <http://www.dtic.mil/whs/directives/infomgt/forms/eforms/dd0149.pdf>
- <http://www.dtic.mil/whs/directives/infomgt/forms/eforms/dd0293.pdf>

[Source: www.military.com/benefits/records-and-forms/discharge-review.html Sep 2014 ++]

Stolen Valor Update 93 ► Dennis William Myers Silver Star

A Marshalltown Navy veteran received one of the nation's highest military honors in June, but multiple military groups are now questioning whether he earned that honor or fabricated documents to get it. **Dennis William Myers**, who was awarded a Silver Star Medal by Sen. Tom Harkin's office, provided the senator's office with an unsigned and undated certificate to show he should receive the medal. Jerry Newberry, the assistant adjutant general of the national Veterans of Foreign Wars, reviewed that document and said it was "definitely bogus" and "not even close to the real thing." Myers flatly denies that he duped Harkin's office into presenting him with the honor. He told The Des Moines Register he was part of a covert mission, which is why some of his records are not listed in public military records.



Other military advocates also questioned his story. "In my opinion, it's 100 percent bogus, and I feel he ought to be prosecuted for it," said Mary Schantag, chairwoman of the POW Network, an educational nonprofit based in Missouri. "He lied to a senator, and he reproduced an official certificate, and the forging of military documents is a crime." Myers, 64, initially told the Register the certificate he submitted to Harkin's office came from Navy personnel records, but then he said it came from the American War Library, a private

business in California. Business officials refused to identify themselves when contacted by the Register and would not answer questions about how they verify military service awards before they issue certificates. Myers' type of certification can be purchased and emailed for as little as \$9.50, according to the website. "Everybody can call me a liar and all that stuff but, hey, I know. I was there," Myers said.

Members of Harkin's staff did not answer questions over the past week about how or whether they had attempted to verify the authenticity of the documents with official military records. The senator's office took part in a ceremony at the Iowa Veterans Home in June, where staffer Amy Beller pinned the award on Myers' jacket. Doug Sterner, curator of the Military Times Hall of Valor, contacted Harkin's staff soon after that ceremony. Sterner oversees a searchable database of military honors from the U.S. armed services and requests verification before adding information to the site. When he saw the unsigned certificate provided by Harkin's office, Sterner began to raise questions. Sterner also closely read an article about the ceremony published by the Times-Republican newspaper in Marshalltown, which quoted Myers recounting the 1971 death of Marine Cpl. Mike Kelling, whom he said he served with in a Southeast Asia mission.

Sterner reviewed several military databases of death records and confirmed with the U.S. Marine Corps that no one named Mike Kelling was killed in Vietnam. He located a Mike Kelling who currently lives in Illinois and enlisted in the Marine Corps in 1963. That Kelling told the Register he'd never served overseas, nor had he met Myers. When asked about that, Myers told the Register the name was spelled incorrectly in the Marshalltown newspaper and should be Keeling. Sterner's further checks with the Marine Corps found no Mike or Michael Keeling killed in Vietnam. The closest name was a man named Larry Keeling, who died two years before the mission Myers described to the Marshalltown newspaper. There is no deceased person by that name on the Vietnam War Memorial, according to a searchable online database from the National Park Service.

Military records, obtained by Sterner 19 AUG through the National Personnel Records Center, indicate Myers was on active duty in the Navy in August 1968 and July 1972. He received multiple awards, including a Vietnam Service Medal with two Bronze Stars. No Silver Star was listed. Myers told the Register that — because he was part of undercover operations — his record had to be updated. He said the Silver Star was added to his military records in December 2013 and advised the Register to get a copy of the specific service record that he provided to Harkin's office. The Register made multiple requests to Harkin's office for a copy of that specific record. Instead, Harkin staffer Mandy McClure sent a statement saying the senator has helped more than 600 Iowa veterans obtain service medals in the last five years. To obtain them, Iowans must provide information and documents, she said. McClure noted that in some cases — including Myers' — the staff presents a medal that has already been received but not officially presented.

Scott Levins, director of the National Personnel Records Center, said it's possible an updated military record could take months to be reflected in the information provided by his center. It's been nine months since Myers said his record was updated to reflect him as a recipient of the Silver Star. Levins' office is continuing to research the issue. Meanwhile, military veterans and supporters who run a blog called "This Ain't Hell" have posted the records under the headline "Dennis Myers Dupes Senator Harkin's Staff." Both Schantag and Sterner have come to the same conclusion. "They're destroying history," Schantag said. "The Internet is recording all of this, and 50 years from now nobody is going to know which one of these awards is legitimate or not. There's no evidence to show this man ever earned that award, but for those who did, it sure screws that up." [Source: The Des Moines Register | Jason Clayworth | Sep 03, 2014 ++]

Vet Federal Jobs Update 05 ► How to Land | Applying for positions

As a whole, the federal government represents one of the largest, most veteran hungry job markets in the country. It's also one of the most competitive — and unconventional. To help you sort it out, Military Times quizzed hiring officials and advisers from many of the largest veteran employers in the federal government, as well as outside experts, for tips on how vets can land federal jobs. They provided advice covering every step of the process. Their advice for applying for positions was:

- 1) **Ask for the position description documents.** These are internal documents that federal agencies use to describe what they expect from particular positions. They are usually not included in job listings, Wark said, but they are subject to public records requests, and agencies will often hand them over if asked. "It gives you more information about the job, and it allows you to create a résumé and submit a résumé that probably does a better job of fitting your experiences against the elements of that job," he said.
- 2) **Be careful to include everything a job listing requires.** "There's really no way to guarantee failure more quickly than to submit an incomplete package," said Justice's Norris. Applying for a federal job as a vet usually entails more than just a résumé. Paperwork establishing veteran status, additional documentation if you're applying for a noncompetitive listing, job specific questionnaires, school transcripts and other materials may be needed.
- 3) **Be honest.** Many federal jobs include questionnaires designed to determine an applicant's experience level and how good a fit the person might be for the position. Vets shouldn't sell themselves short, but they won't do themselves any favors by indicating an experience level in the questionnaire that the résumé doesn't back up. Rinckey compared the importance of accuracy on such questionnaires to that of accuracy on security clearance applications. If hiring managers think the application is inflated, "right away, they move on to the next person."
- 4) **If you don't get the job, ask why.** Some job applicants make the same mistakes over and over and never realize what they're doing wrong. If someone else is picked for a job that you thought you were perfect for, reach out to the contacts provided in the job listing and see if they'll tell you why you fell short. "Gaining that feedback is helpful for the next time," Wark said.
- 5) **Vet preference doesn't mean vet guarantee.** The federal government goes out of its way to hire military veterans. This also means that a lot of veterans apply for federal jobs, in addition to the civilian population. Don't expect a cakewalk. "There are a lot of veterans leaving the military and they are looking for opportunities in the federal government," said Cynthia Sepulveda, an Army human resources specialist. "They are competing against their fellow soldiers."

[Source: NavyTimes | George Altman | Jul 14, 2014 ++]

Federal Jobs Update 03 ► Retired and Rehired

The new phased retirement option has been getting lots of attention lately, but there are other options for continuing to work for government after retirement that have been around a lot longer. In fact, there are three of them.

- **Personal Services Contractor.** The first involves an agreement between a retiree and his or her agency to be rehired under a personal services contract. This involves providing a predetermined amount of compensation for a prescribed amount of work to be completed. In these cases, the individual is reemployed, but without any benefits of federal employment. Those under a personal

services contract receive a 1099 form from the IRS at the end of the year rather than W-2 that employees receive, since they are being paid a fee for a service. For tax purposes, contract workers are self-employed and responsible for both the employer and employee share of taxes due.

- **Contractor Employee.** Another way for an employee to be rehired into the same or similar work would be to work for a private sector company that does business with the federal government. In this situation, the employee retires and then is rehired by a company that holds a contract with a particular agency. An agreement about work schedule, salary and any other benefits would be discussed as part of the employment agreement. Many of these jobs are at large defense contractors and consulting firms. Both contractor employees and those working under professional services contracts are no longer federal employees. Therefore, the costs of benefits such as health and life insurance firms would be deducted from their federal retirement benefits. Phased retirement offers the opportunity to continue receiving federal employee benefits and the ability to continue to increase your retirement benefit. That's because under phased retirement, you don't fully separate from federal service. It's better than working part time from the standpoint that you are treated as a full-time employee for health and life insurance coverage and premiums. And, of course, you get half of your retirement benefit at the same time.
- **Reemployed Annuitant** The last option that recent retirees can use to continue federal work is to become a reemployed annuitant with an agency. Reemployed annuitants are people who have separated from federal service for retirement who subsequently return to federal employment. They continue to receive their full annuity benefit during their reemployment but their salary is offset by the amount of the annuity attributable to the period of reemployment. Reemployed annuitants serve at the will of the agency and can be separated from employment at any time. The National Defense Authorization Act of 2010 created a variation of the reemployed annuitant program that avoids the salary offset. Under this provision, reemployed individuals can only serve under appointments limited to a year or less. An annuitant can't work under the authority for more than 520 hours during the period ending six months after his or her retirement; for more than 1,040 hours during any 12-month period; or for more than a total of 3,120 hours. The authority for these offset waivers will expire on Oct. 27, 2014 -- just a little more than a week before the first phased retirements can begin. The authority could be extended by an act of Congress, but the jury is still out on whether that will happen.

Whether it is better to opt for phased retirement or choose one of these other alternatives for returning to federal work depends on your situation and preferences. It is anticipated that training programs will be developed at agencies to help federal employees interested in participating in phased retirement. In the interim there is a commercial fee based webinar under development for which those interested can sign up at <http://www.fers-route-to-retirement.com/webinar>. [Source: GovExec.com | Tammy Flanagan | Sep 05, 2014 ++]

Retiree Appreciation Days ► As of 12 Sep 2014

Retiree Appreciation Days (RADs) are designed with you in mind. They're a great source of the latest information for retirees and Family members in your area. RADs vary from installation to installation, but, in general, they provide an opportunity to renew acquaintances, listen to guest speakers, renew ID Cards, get medical checkups, and various other services. Some RADs include special events such as dinners or golf tournaments. Due to budget constraints, some RADs may be cancelled or rescheduled. Also, scheduled appearances of DFAS representatives may not be possible. If you plan to travel long distances to attend a

RAD, before traveling, you should call the sponsoring RSO to ensure the RAD will held as scheduled and, if applicable, whether or not DFAS reps will be available. The current schedule is provided in the attachment to this Bulletin titled, **“Retiree Activity\ Appreciation Days (RAD) Schedule”**. For more information call the phone numbers of the Retirement Services Officer (RSO) sponsoring the RAD as indicated in the attachment. An up-to-date Retiree Appreciation Days list is always available online at <http://www.hostmtb.org/RADLIST-2014.html>. [Source: RAD List Manager | Milton Bell | Sept 12, 2014 ++]

Vet Hiring Fairs ► 16 Sep thru 15 Oct 2015

The U.S. Chamber of Commerce’s (USCC) Hiring Our Heroes program employment workshops are available in conjunction with hundreds of their hiring fairs. These workshops are designed to help veterans and military spouses and include resume writing, interview skills, and one-on-one mentoring. For details of each you should click on the city next to the date in the below list. To participate, sign up for the workshop in addition to registering (if indicated) for the hiring fairs which are shown below for the next 4 weeks. For more information about the USCC Hiring Our Heroes Program, Military Spouse Program, Transition Assistance, GE Employment Workshops, Resume Engine, etc. visit the U.S. Chamber of Commerce’s website at <http://www.hiringourheroes.org/hiringourheroes/events>.

Camp Pendleton Jobs Summit

September 17 @ 5:30 pm to September 18 @ 4:00 pm [Details](#) [Register](#)

Chicago, IL

September 18 @ 10:00 am [Details](#) [Register](#)

Indianapolis, IN

September 18 @ 10:00 am [Details](#) [Register](#)

Kingston, NY

September 18 @ 10:00 am to @ 1:00 pm [Details](#) [Register](#)

Philadelphia, PA

September 22 @ 10:00 am [Details](#) [Register](#)

Boulder, CO

September 24 @ 10:00 am to @ 1:00 pm [Details](#) [Register](#)

Beaufort, SC - Military Spouse Networking Luncheon & Hiring Fair

September 24 @ 11:00 am to @ 2:00 pm [Details](#) [Register](#)

Virtual Job Fair

September 24 @ 11:00 am to @ 3:00 pm [Details](#) [Register](#)

Ann Arbor, MI (Ypsilanti, MI)

September 25 @ 10:00 am [Details](#) [Register](#)

Aurora, IL

September 30 @ 10:00 am [Details](#) [Register](#)

Knoxville, TN

October 1 @ 10:00 am to @ 1:00 pm [Details](#) [Register](#)

Quantico, VA - Military Spouse Networking Reception

October 6 @ 7:00 pm to @ 9:00 pm [Details](#) [Register](#)

Quantico, VA - Military Spouse Hiring Fair

October 7 @ 10:00 am to @ 1:00 pm [Details](#) [Register](#)

Saratoga Springs, NY

October 7 @ 10:00 am to @ 1:00 pm [Details](#) [Register](#)
[Wichita, KS](#)
 October 8 @ 10:00 am to @ 1:00 pm [Details](#) [Register](#)
[Glen Allen, VA](#)
 October 9 @ 10:00 am to @ 1:00 pm [Details](#) [Register](#)
[Ft. Irwin, CA - Military Spouse Networking Luncheon & Hiring Fair](#)
 October 9 @ 11:00 am to @ 2:00 pm [Details](#) [Register](#)
[Boston, MA - Recovering Warrior Employment Conference](#)
 October 14 @ 9:00 am to October 15 @ 1:30 pm [Details](#) [Register](#)
[McAllen/Mission, TX](#)
 October 15 @ 10:00 am to @ 1:00 pm [Details](#) [Register](#)

[Source: U.S. Chamber of Commerce Assn 12 Sep 2014 ++]

WWII VETS 70 ► Royce~Robert

The Normandy landings on D-Day, June 6, 1944, launched the invasion of German-occupied Western Europe and began the Allied victory in the war. Robert Royce was one of the 160,000 troops who were there. What may seem like a bunch of random numbers to some, 15354258 rolls off the tongue of Army Air Corps Veteran with ease, even now, over 70 years later. He recites the numbers with pride. For it was these numbers, Royce's enlistment number, that set his life on a path that would never be the same again. Royce remembers the pride he felt the first time he looked in the mirror and saw himself in uniform. "It was the first time I felt like a man," Royce recalled. That was December 2, 1942. Royce was 18 years old. Now, 70 years later, Royce said he would enlist all over again, if he could.



Robrt Royce

"I'm so glad I joined the war effort," Royce said. "Most days I didn't think I would make it through the day," he explained. "I was there for the Battle of the Bulge and for the Normandy invasion. So many deaths," he said shaking his head. "I've always asked myself, why me? All of these guys, young guys...18, 19 years old, they didn't get to go on and live their lives and have families. I always wondered how I got to be so lucky," Royce said. He's carried this gratitude for life with him, like a badge of honor, and it has had an impact on every part of his life. He sees challenges as opportunities and he has nothing but love in his heart for all of mankind. Royce was born and raised in Cleveland, Ohio. When the war broke out, he was eager to enlist. "I wanted to be where the action is," Royce recalled. "I went right down and signed up. My dad told me to get a job working on airplanes, thinking it would be safer for me so that's what I did. I don't know how much safer it was — I ended up moving with the infantry and being so close to the front lines that I could hear the constant shelling and bombings," Royce said. "We were under attack at all times. I was one of the lucky ones, though, I made it back.

When our boats arrived at the New York Harbor at the end of the war, we were told we were being discharged at the convenience of the government and we could now go home. And that's what we did." Soon after Royce was discharged in 1945, he went to the local VA and enrolled for benefits. "VA has always looked out for me," Royce said. "I like to think of VA as my big brother — it has been there for me. "Besides getting my health care at VA for the past 65 years, I also used the GI Bill and took courses in air conditioning, refrigeration, carpentry, electricity and plumbing. I was able to find employment and support my family, thanks to the GI Bill," Royce said. "All in all, the military and the VA have taken care of me and it makes me proud that I was able to serve this country," Royce said.

VA has taken care of me and makes me proud that I was able to serve this country. He thinks that today's troops returning from war and leaving the service don't have it as good as he did upon returning from Europe after WWII. "There were more jobs after the war than there were people to fill them," Royce recalled. "You could find work doing just about anything you wanted to do back then.



"I would tell today's Veterans, to get involved with something that matters to you and stay active."

To those Veterans returning today, I would tell them not to isolate themselves. That can be dangerous. Get involved with something that matters to you and stay active. There are people all over that will help, if you only ask." When Royce moved to Gulfport, Mississippi, in the mid-90s, he joined the Gulf Coast Veterans Health Care System in Biloxi. He's a member of the Gold Team and he has nothing but praise for his health care team. Royce maintains his youth through daily exercise, a sensible diet and an active social life. He rides his bike every day, enjoys stretch classes and gets out on the dance floor every chance he gets. He has three daughters and two grandchildren. Royce looks forward to celebrating his 90th birthday this June. "I'm still enjoying the benefits of my service by being able to live in such a beautiful place," Royce said. He's alternated living at the Soldier's Home in Washington, DC and at the old Naval Home in Gulfport, Miss. "It's peaceful living and they have everything I could possibly want here. I am blessed to have such a life." [Source: VHA | Mary Kay Gominger | May 29, 2014 ++]

Korean War Vets ► James Hayden

Retired Army Master Sgt. James Hayden kept insisting that he didn't want any fuss about him even as a two-star general leaned in to pin long-overdue Army service medals to his collar. "I didn't expect this," said Hayden, 88. "I didn't ask for any of it." But his family, friends and the Army insisted on the pageantry of a Joint Base Lewis-McChord ceremony. Hayden earned it, they said, in the nearly three years he spent imprisoned by North Korean and Chinese troops during the Korean War. On 4 SEP, almost 61 years to the day since he was freed from the camp, the Army finally awarded Hayden medals he earned by serving during the Korean War and for enduring the physical and psychological hardships of a long imprisonment. "Little

slow in recognition, but it's never too late," said Maj. Gen. Terry Ferrell, commander of Joint Base Lewis-McChord's 7th Infantry Division. The ceremony gave Ferrell and a few dozen other soldiers a chance to revel in Hayden's story. They held the event in the headquarters of a battalion with a rich history in the Korean War and attracted Stryker soldiers who served recently as modern descendants of Hayden's 9th Infantry Regiment. They wanted to pay their respects to Hayden, who not only fought in Korea, but also received a Silver Star for valor he showed in battle fighting in Germany during World War II.



WWII and Korean War veteran James Hayden of Lakewood is congratulated by Maj. General Terry Ferrell 3 Sep 2014

On the day that would lead to Hayden's Silver Star - March 15, 1945 – Hayden was ordered to inspect a tunnel that his unit suspected was being used to hide German soldiers. He hopped inside with a rifle. An enemy grenade damaged his rifle so much that Hayden could not return fire. Hayden got another rifle, went back in and attacked. His Silver Star commendation says he killed two German soldiers, wounded four more and single-handedly took 12 as prisoners. "He put himself in harm's way and he went back in," Ferrell said. "He didn't have to do that." Less than two months later, Hayden took a German bullet to the leg, ending his participation in that war. He received a Purple Heart for the wound. Hayden's service did not end there. He went to Fort Lewis after his recovery, where he met his wife, the late Dorothy Hayden. He stayed in uniform because he found that he liked military life.

By 1950, Hayden was back at war fighting to repel a North Korean and Chinese advance toward Seoul. He was captured with more than 100 other soldiers on Dec. 1, 1950. Hayden remembered an all-night battle. By morning, the Americans were surrounded. Hayden's commander chose to surrender rather than watch his soldiers die one-by-one. As a prisoner, Hayden remembered receiving a cup of food in the morning and a cup in the afternoon. Temperatures in North Korea would drop to well below 0 degrees Fahrenheit, making the weather one of the greatest threats to his survival. Many did not survive. Hayden remembered burying fallen prisoners of war in cold, hard earth. He said he got by with the camaraderie of his fellow prisoners, and with his Catholic faith. "Prayer," he said, kept him alive. He was not released until Sept. 5, 1953. He came home 65 pounds lighter and with bones so damaged by malnutrition that he spent a year in Madigan Army Medical Center while doctors tried to repair his spine. "I was just doing my duty," Hayden said. "That's what makes you special," Ferrell told him.

Hayden would serve almost eight more years in the Army after he left Madigan, including another assignment in Germany. He retired with more than 18 years of total service. After the Army, Hayden spent

his years in Lakewood raising his three daughters and helping his wife manage a beauty salon. He did not receive those Korean War medals until his family reached out to U.S. Rep. Adam Smith, D-Bellevue, and state Rep. Linda Kochmar, R-Federal Way. The lawmakers helped file the paperwork so the Army would recognize Hayden's service. Over the years, Hayden also lost his Silver Star. Hayden believes his sister got it and did not return it. It would be awfully nice to get that back, Hayden said, as he thanked Ferrell for the POW and Korean War medals. "I will get you one," Ferrell promised. Less than half an hour later, a soldier in the division found a Silver Star that Ferrell could present to Hayden. An officer read Hayden's Silver Star commendation. Ferrell stood again to hand another medal to the long-retired veteran. "I didn't expect it, but I'm happy it happened," Hayden said. "Sometimes surprises are good, and this one you earned," Ferrell said. [Source: The News Tribune | Adam Ashton | Sep 03, 2014 ++]

America's Most Beloved Vets ► World War II (1)



Audie Murphy



Bill Mauldin



Bob Feller



Charles Durning



Charles Schulz

- The Texas farm boy Audie Murphy became the most decorated soldier of World War II, a Hollywood star, and a pioneer in pushing for the recognition and study of PTSD.
- The Pulitzer Prize-winning cartoonist Bill Mauldin got his start drawing cartoons about American GIs, making him a celebrity among enlisted men.
- The Hall of Fame pitcher Bob Feller's career was interrupted – but not slowed down – by four years as an anti-aircraft gunner aboard USS *Alabama*.
- The screen actor Charles Durning participated in the Normandy landing and fought in the Battle of the Bulge.
- The creator of "Peanuts" Charles Schulz served as a staff sergeant with the 20th Armored Division in Europe.

Veteran State Benefits & Discounts ► Colorado 2014

The state of Colorado provides several benefits to veterans as indicated below. To obtain information on these plus discounts listed on the Military and Veterans Discount Center (MCVDC) website, refer to the attachment to this Bulletin titled, "**Vet State Benefits & Discounts – CO**" for an overview of the below benefits. Benefits are available to veterans who are residents of the state. For a more detailed explanation of each of the below benefits refer to <http://militaryandveteransdiscounts.com/location/colorado.html> & <http://vets.dmva.state.co.us:8000>.

- Housing Benefits

- Financial Assistance Benefits
- Employment Benefits
- Education Benefits
- Other State Veteran Benefits
- Discounts

[Source: <http://www.military.com/benefits/veteran-state-benefits/colorado-state-veterans-benefits.html>
Sep 2014 ++]

* Vet Legislation *



VA Accountability ► Legislation to Punish VA Employees

When Congress last month passed a massive overhaul and funding initiative to fix the broken Veterans Affairs Department, the law's architects said their work was just getting started. On 10 SEP, members of the House Veterans' Affairs Committee followed through on that promise. Lawmakers approved yet another measure that would make it easier to fire the agency's senior executives and take away their bonuses both proactively and retroactively. The Comprehensive Department of Veterans Affairs Performance Management and Accountability Reform Act, sponsored by committee Ranking Member Mike Michaud (D-ME) aims to set clearer goals against which senior VA executives' job performance could be measured. The legislation would:

- Establish up-front organizational goals for the agency's senior executives, and use them in reviewing performance.
- Require that any Senior Executive Service employee who receives a rating of less than "fully successful" in consecutive years be removed from the SES.
- Requires doctors or dentists who do not receive a successful review would not be eligible to receive performance pay. VA medical staff receive a base salary, and typically also receive a percentage of that salary as a bonus, based on their performance rating.



Rep. Jeff Miller, R-Fla., introduced a new measure to recoup bonuses already paid to employees already found guilty of misconduct.

Another bill sent to the House floor was a measure -- introduced by the committee's Chairman Jeff Miller (R-FL) -- to recoup bonuses already paid to employees later found guilty of misconduct. The legislation does not spell out specific criteria that would qualify an employee for the retroactive penalty, leaving that to the VA secretary's discretion. The employee would have to be given notice and the opportunity for a hearing. A similar measure (<http://www.govexec.com/pay-benefits/2014/07/senators-want-va-wait-list-manipulators-give-back-their-bonuses/88165/>) which specifically targets bonuses given to employees found guilty of manipulating patient wait list data, was introduced in the Senate with bipartisan support.

Former VA Secretary Eric Shinseki in May rescinded an \$8,500 performance award given in 2013 to Sharon Helman, who served as director of the Phoenix VA hospital at the epicenter of the recent scandal. VA said that bonus, however, was originally awarded due to "administrative error." Federal employee advocates and the VA itself have since questioned the agency's authority to rescind a bonus for malfeasance, hence the push for legislation. The compromise bill President Obama signed into law in August expedited the process for firing or demoting senior executives at VA. It did not address employee bonuses, though before resigning Shinseki prohibited any performance awards for Veterans Health Administration's SES employees in 2014. The Merit Systems Protection Board, which saw its ability to reverse a negative personnel action diminished by the August VA reform law, has said the firing provision [raises due process concerns](http://www.govexec.com/management/2014/08/federal-appeals-board-has-major-concerns-firing-provisions-new-va-law/90887/) (<http://www.govexec.com/management/2014/08/federal-appeals-board-has-major-concerns-firing-provisions-new-va-law/90887/>) and has written to the White House to air its grievances. [Source: GovExec.com | Eric Katz | Sept. 11, 2014 ++]

Reserve Retirement Age Update 28 ► Lawmaker Seeks Backing for Plan

Rep. Tom Latham (R-IA) is seeking support among his colleagues for a section of the fiscal 2015 Senate Armed Services Committee defense bill that would provide National Guardsmen with an easier path toward an earlier retirement. He is requesting that his colleagues sign a letter to Rep. Buck McKeon (R-CA) and Rep. Adam Smith (D-WA) asking them to support the Senate bill's language when the chambers come together for the conference process. McKeon and Smith are the chairman and ranking member of the House Armed Services Committee. At issue is the current law reducing the retirement age for Guardsmen by three

months for every 90 days they spend in an overseas contingency or national emergency. However, to qualify, those 90 days must take place in one fiscal year.

If the 90-day period of service falls in two fiscal years, it does not count toward an earlier retirement. A section of the Senate Armed Services Committee version of the fiscal 2015 National Defense Authorization Act would authorize the early retirement if those 90 days fall across two fiscal years. "This would allow a narrowly targeted reduction in the reserve retirement age at a fraction of the long term costs associated with other retirement reform proposals," reads the letter Latham is asking his colleagues to sign. The National Guard Association of the United States (NGAUS) wants its members to tell their representatives to sign Latham's letter. Pete Duffy, the NGAUS legislative director, said, "The current law is wrong. It means some Guardsmen do not benefit from the law's intent despite their service overseas or in a national emergency. We support Mr. Latham's effort to ensure this important change becomes law." [Source: NGUS Washington report Sept. 9, 2-14 ++]

VA COLA for 2015 Checks ► Senate Passes S.2258 | Sent to House

The Senate passed a bill 11 SEP that would increase compensation benefits for veterans with disabilities. Sen. Mark Begich (D-AK) introduced S.2258, the Veterans' Compensation Cost-of-Living Adjustment Act, which would direct the secretary of Veterans Affairs to increase the rate of veterans' disability compensation starting on 1 DEC. The cost-of-living increase would match that of Social Security benefits. The bill now heads to the House for further action. [Source: The Hill | Ramsey Cox | Sept. 11, 2014 ++]

The Military Coalition Update 01 ► Congressional Leadership Awards

The Military Coalition (TMC) — an influential consortium of 33 military and veterans' groups — presented its highest leadership awards 11 SEP to Sen. Kelly Ayotte (R-NH) and Rep. Jeff Miller (R-FL) for their leadership in protecting the vital interests of servicemembers, retirees, and veterans and their families and survivors. Ayotte was recognized for her leadership in overturning a COLA reduction to working-age military retirees included in the Bipartisan Budget Act of 2013. Miller, chair of the House Veterans' Affairs Committee, was recognized for his strong sponsorship of key veteran bills became law, including establishing in-state tuition rates for all student veterans and greater access and accountability for veteran health care.



TMC President Col. Herb Rosenbleeth, USA (Ret), TMC Co-Chair John Davis, and TMC Co-Chair

Col. Mike Hayden, USAF (Ret) present awards to Sen. Kelly Ayotte (D-NH) and Rep. Jeff Miller (FL).

The coalition also presented its 2014 Freedom Award to Jake Cornett, legislative assistant to Sen. Patty Murray (D-WA.), and Brad Bowman, national security advisor to Ayotte. Cornett was honored for his efforts to improve access to Applied Behavioral Analysis (ABA) therapy for military families with special needs. Bowman was recognized for his important behind-the-scenes role in coordinating the repeal of the COLA cuts. In making the presentations the presenter made the following comments:

- John Davis, TMC cochair and legislative director of the **Fleet Reserve Association**, said, “We’re extremely gratified and proud to honor Senator Ayotte and Chairman Miller for their tremendous leadership in supporting the entire uniformed service community.”
- “The legislators are the champions,” said Col. Herb Rosenbleeth, USA (Ret), TMC president and national executive director of the **Jewish War Veterans** of the United States, “and their staffs expend huge amounts of effort in crafting legislation, working with military associations to fill in the details, and coordinating our mutual efforts to get other legislators and the public on board.”
- Col. Mike Hayden, USAF (Ret), TMC cochair and director of Government Relations for **MOAA**, said, “These legislators and staffers worked closely with all the members of the coalition to help preserve needed pay and career benefits in order to recruit, retain, and sustain the all-volunteer force and provide health care access our veterans deserve.”

TMC represents the interests of more than 5.5 million members around the world, including active duty, National Guard, Reserve, and retired members and veterans of the seven uniformed services, plus their families and survivors. [Source: MOAA Leg Up Sept. 12, 2014 ++]

Vet Bills Submitted to 113th Congress ► As of 13 SEP 2014

For a listing of Congressional bills of interest to the veteran community introduced in the 113th Congress refer to this Bulletin’s “**House & Senate Veteran Legislation**” attachment. Support of these bills through cosponsorship by other legislators is critical if they are ever going to move through the legislative process for a floor vote to become law. A good indication of that likelihood is the number of cosponsors who have signed onto the bill. Any number of members may cosponsor a bill in the House or Senate. At <https://beta.congress.gov> you can review a copy of each bill’s content, determine its current status, the committee it has been assigned to, and if your legislator is a sponsor or cosponsor of it by entering the bill number in the site’s search engine. To determine what bills, amendments your representative/senator has sponsored, cosponsored, or dropped sponsorship on go to:

- <https://beta.congress.gov/search?q=%7B%22source%22%3A%5B%22legislation%22%5D%7D>
- Select the ‘Sponsor’ tab, and click on your congress person’s name.
- You can also go to <http://thomas.loc.gov/home/thomas.php>

Grassroots lobbying is the most effective way to let your Congressional representatives know your wants and dislikes. If you are not sure who is your Congressman go to <https://beta.congress.gov/members>. Members of Congress are receptive and open to suggestions from their constituents. The key to increasing cosponsorship support on veteran related bills and subsequent passage into law is letting legislators know of veteran’s feelings on issues. You can reach their Washington office via the Capital Operator direct at (866) 272-6622, (800) 828-0498, or (866) 340-9281 to express your views. Otherwise, you can locate their phone

number, mailing address, or email/website to communicate with a message or letter of your own making at either:

- http://www.senate.gov/general/contact_information/senators_cfm.cfm
- <http://www.house.gov/representatives>

Tentative 2014 Legislative Schedule 113th Congress, 2nd Session: The below list identifies the remaining expected non-legislative periods (days that the Senate *will not* be in session)

Date	Action	Note
Target Adjournment Date	TBD	

FOLLOWING IS A SUMMARY OF VETERAN RELATED LEGISLATION INTRODUCED IN THE HOUSE AND SENATE SINCE THE LAST BULLETIN WAS PUBLISHED:

- H.R.5391 : National POW/MIA Remembrance Act of 2014. A bill to direct the Architect of the Capitol to place a chair on the grounds of the United States Capitol honoring American Prisoners of War/Missing in Action.Sponsor: Rep Lynch, Stephen F. [MA-8] (introduced 8/1/2014)
Related Bills: S.2053
- H.R.5404 : Department of Veterans Affairs Expiring Authorities Act of 2014. A bill to amend title 38, United States Code, to extend certain expiring provisions of law administered by the Secretary of Veterans Affairs, and for other purposes. Sponsor: Rep Denham, Jeff [CA-10] (introduced 9/8/2014)
- H.R.5432 : Wounded Warrior Workforce Enhancement Act. A bill to require the Secretary of Veterans Affairs to award grants to establish, or expand upon, master's degree or doctoral degree programs in orthotics and prosthetics, and for other purposes. Sponsor: Rep Cartwright, Matt [PA-17] (introduced 9/10/2014)

[Source: <https://beta.congress.gov> & <http://www.govtrack.us/congress/bills> Sept. 13, 2014 ++]

*** Military ***



CIPHER ► Prototype Helmet Tests Reveal Pressure Problem

Tests by Navy researchers on a new Army and Marine helmet design, complete with a visor and a jaw protector, showed blast waves could bounce off the added components and produce unexpected pressure, according to a recent research paper. The Conformal Integrated Protective Headgear System, or CIPHER, prototype came under attack from all sides during the test, conducted by the Naval Research Laboratory, and

in all configurations: Helmet only, helmet and visor, helmet and jaw protection, and the full-face coverage of visor and jaw protector. The findings showed that adding face protection didn't necessarily mean lessening blast-wave impact. For example, according to the report:



A prototype helmet with jaw protection and visor

- In a front-facing blast, pressures on the forehead were higher with the jaw protector, or mandible, in place and with the mandible-visor combination than they were with the helmet alone.
- Wearing just the jaw protection for a front-facing blast doubled the strength of the secondary shockwave pressure on the forehead from 2 atmospheres (one atmosphere is a little less than 15 pounds per square inch) to 4 atmospheres.
- In a rear-facing blast, pressures on the forehead were more than twice as high for the mandible-visor combination as for the helmet alone.

The tests could help designers mitigate the pressure increases with slight structural changes to the helmet, according to the study's lead researcher. But there is no clear target. "The military actually has specific criteria that helmets have to meet to be certified for use in ballistic and blunt force," said David Mott, an NRL aerospace engineer. "No such criteria exists for pressure because the medical community is still working on what the injury mechanisms are, and we don't know where to set those desirable levels anyway, at this point."

The tests centered on the helmet's "suspension geometry," the scientific term for what's between the wearer's head and the outer shell. "You need that standoff for that blunt-impact and ballistic-impact protection ... that's the way the helmets work," Mott said. "We had seen that blast waves can infiltrate that gap." The visor and the mandible may blunt the initial blast, but they can also channel ricocheting blast waves into unexpected spaces around the wearer's head. For example, according to the report, the mandible may "trap" a blast wave ricocheting from the wearer's chest, which could then combine with the initial "incident wave" and lead to a "delayed, stronger forehead peak."bThe study recorded a forehead pressure of just over 9 atmospheres in a front-facing blast with the visor and mandible in place; the top pressure was just above 8 atmospheres in the helmet-only test. The paper points out that increased pressures in one area generally come with decreased pressures in others. In the front-blast test, the visor-mandible combo dropped the peak of the highest-pressure wave on the back of the head by half when compared with the helmet-only setup, for instance.

It's one of a series of tradeoffs designers must make, Mott said — determining which areas to channel blasts away from, and balancing the need for blast-wave protection against other concerns: A soldier may want to wear the mandible or visor, even with elevated blast-wave pressures in some areas, to keep a bomb

fragment from bouncing off his face. The prototype, which was designed under the Helmet Electronics and Display System-Upgradable Protection, or HEaDS-UP, program by Army researchers in Natick, Massachusetts, is far from finished with testing. Mott offered a series of steps that could improve future findings:

- **Blast reaction.** “We’re moving toward including the material response of the head and the helmet” to the explosion, he said. The latest tests were conducted using “stationary, stiff bodies.”
- **Torso-tracker.** “Although we had a very detailed model for the head and helmet for these calculations, we had a pretty simple torso and shoulders,” he said. A more realistic mannequin would yield better data, especially when measuring ricochets off the body.
- **More gear.** That torso will need a tactical vest, at least — Mott said knowing what soldiers likely will wear in theater will help fully track the blast waves. “We don’t have all the relevant geometry in the calculations yet,” he said.

Mott and colleagues Ted Young and Doug Schwer published their findings with the American Institute of Aeronautics and Astronautics. While they don’t address suggested improvements to the gear, the research “makes us optimistic that we can find combinations of geometry, either for the accessories themselves or for the suspension, that may reduce that threat, reduce those pressure loads that we’re seeing,” he said. [Source: MarineCorpsTimes Aug. 24, 2014 ++]

Combat Instructor Ribbon ► Retroactive to Oct. 9, 2002

The Marine Corps has released the first images of the service’s new combat instructor ribbon. The green, black and tan ribbon will be awarded to all Marines who successfully complete a 36-month tour as a combat instructor at the School of Infantry East or West. Marine Corps Times first reported on the new ribbon in August, which was approved earlier that month by Navy Secretary Ray Mabus. The decision to award combat instructors with a ribbon follows more than a decade of calls from the schoolhouses due to the rigors of combat instructor duty. Thousands will be eligible for the new ribbon, which is backdated for anyone who has worked as a combat instructor or in a high-profile leadership role at SOI East or West since Oct. 9, 2002, when the job was opened to Marines from all military occupational specialties. Details of the new ribbon are outlined in All Navy Message 060/14, which was authorized by Mabus on Aug. 22. Further details on the new ribbon will be released in a forthcoming MARADMIN, expected in to be released within weeks.



While recruiters, drill instructors and Marine security guards at embassies across the globe have long been awarded ribbons, combat instructors remained one of just two special duty assignments without a ribbon. In order of precedence, the new ribbon will be placed after the Marine Security Guard Ribbon and before the Armed Forces Reserve Medal, according to a Marine Corps news release. The first batch of ribbons will be produced to meet short-term requirements at the Schools of Infantry and the Military Awards Branch, according to the release. The ribbons are expected to be available commercially about 30 days after the MARADMIN is released.

When Corps officials first announced in 2002 that the combat instructor SDA would be opened to all Marines, including those outside infantry MOSs, leaders formalized their intent to begin awarding a ribbon to those who completed a three-year tour in Marine administrative message 056/02. But leaders reneged on the plan less than a year later, stating the job didn’t meet Navy Department standards for awarding a ribbon.

Since then, at least two commandants opposed the new ribbon. A job must be distinguished from other duty by its rigors, they said. Some argued that combat instructors were merely teachers no different than those at any other of the services school houses. But others contested that combat instructors worked long hours at risk to life and limb since the job requires regularly running live ranges. [Source: MarineCorpsTimes | James K. Sanborn | Sept. 8, 2014 ++]

Air Force Enlistment Update 01 ► God Reinstated in Oath

An atheist airman at Creech Air Force Base in Nevada has until November to change his mind and swear a reenlistment oath to God, the Air Force said. The unnamed airman was denied reenlistment 25 AUG for refusing to take an oath that concludes with the phrase “so help me God,” the American Humanist Association said in a 2 SEP letter to the inspectors general for the Air Force and Creech. In her letter, Monica Miller, an attorney with the AHA’s Apignani Humanist Legal Center, said the airman should be given the choice to reenlist by swearing a secular oath. She said the AHA will sue if the airman is not allowed to reenlist.



Airmen take the Oath of Enlistment during a reenlistment ceremony in December 2013, shortly after the Air Force deleted a clause allowing airmen to omit 'so help me God,' from the oath.

In a 5 SEP email, Air Force spokeswoman Rose Richeson said the airman is still serving and will continue to do so for at least two more months. “The airman’s term of service expires in November 2014,” Richeson said. “He has until this time to complete the Department of Defense Form 4 in compliance with the Title 10 USC 502.” The four-page DD Form 4, which is titled “Enlistment/Reenlistment Document, Armed Forces of the United States,” contains a “confirmation of enlistment or reenlistment” oath that reads, “I, [insert name], do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations and the Uniform Code of Military Justice. **So help me God.**”

The AHA said the airman crossed out the last four words in that oath, and was told 25 AUG the Air Force would not accept it for that reason. The airman was told his only options were to sign the religious oath section of the contract without adjustment and recite an oath concluding with “so help me God,” or leave the Air Force, the AHA said. The AHA said that is unconstitutional and unacceptable and that Article VI of the Constitution prohibits requiring religious tests to hold an office or public trust. The Air Force used to allow airmen to omit the phrase “so help me God” if they so chose. But an Oct. 30, 2013, update to Air Force

Instruction 36-2606, which spells out the active-duty oath of enlistment, dropped that option. Since that quiet update to the AFI, airmen have been required to swear an oath to a deity when they enlist or reenlist.

The Air Force said last week that the change was made to bring its oath in line with the statutory requirement under Title 10 USC 502. The Air Force said it cannot change its AFI to make “so help me God” optional unless Congress changes the statute mandating the oath. The Air Force has not answered questions — first asked 4 SEP — on the circumstances that led to the rule change, such as when the Air Force realized the opt-out clause violated statutory requirements, who brought this to the Air Force’s attention and when, and whether the statute ever allowed service members to opt out of saying “so help me God.” In an email late Tuesday, Richeson said the Air Force is asking the Defense Department’s General Counsel for a legal review of the rule. “The opinion will help inform the future decision,” she said.

The Army and Navy, which are subject to the same statute, have a different interpretation of the requirements, spokesmen for both services said 10 SEP. Those services allow soldiers and sailors to choose not to say “so help me God.” The Marine Corps has not yet responded to a request for comment. A host of Supreme Court and lower court cases support the airman’s right to opt out of calling on a deity, as does as the text of the U.S. Constitution itself, said military legal expert Eugene Fidell, who teaches military law at Yale University. According to Article VI of the Constitution, federal officers “shall be bound by Oath or Affirmation, to support this Constitution; but no religious Test shall ever be required as a Qualification to any Office or public Trust under the United States.” But, Fidell said, a religious test is what a requirement to say “so help me God” amounts to. [Source: AirForceTimes | Stephen Losey | Sept. 9, 2014 ++]

Military Challenge Coins Update 02 ► CO Purchase Authority Reinstated

After a year and a half suspension, skippers can once again use appropriated funds to purchase challenge coins and “presentation items” for sailors and others — a sign the budget picture may be brightening just a bit. Still, the new rules limit who can spend the appropriated money and dispense these tokens and require commanding officers to account for any giveaways. (The rules do not restrict any coins or mementos bought by the CO personally.) “In May 2013, the Navy issued a NAVADMIN suspending the use of appropriated funds to purchase command coins and other items for presentation until further notice,” said Navy spokeswoman Lt. Cmdr. Sarah Flaherty. “At that time we were operating under sequestration of funds. Once an appropriation and budget were in place, Navy began the process of reevaluating spending guidance.”

Adm. Michelle Howard, the vice chief of naval operations, approved the command coin rules in an Aug. 15 naval message, telling COs to “proceed on a judicious basis.” “Commanders must balance the need to formally recognize excellence in performance of duty with the continuing imperative to conserve scarce fiscal resources,” the message said. The message, NAVADMIN 184/14, is specific as to who can use appropriated Navy funds to purchase coins and mementos: stating only the “Chief of Naval Operations; Vice Chief of Naval Operations; Director, Navy Staff; Chief of Naval Personnel; Master Chief Petty Officer of the Navy; and officers serving as unit commanders.” Navy officials said unit commanders refers to only COs and doesn’t include officers in charge, command master chiefs or flag officers not in command. The rules aren’t limited only to coins. They also apply to items like plaques and ball caps purchased with official funds.

The message stresses that coins bought with government funds are only to be used in limited capacities, such as part of official proceedings like awards ceremonies. “These coins may not be presented solely as

mementos, to improve morale, as tokens of appreciation, or to recognize expected service,” Howard wrote in the message. “Personally funded items, including personalized items may be used for this purpose if in good taste.” A formal Navy funded coin or memento, she said, is only rated for “outstanding performance, specific achievement, or a unique achievement contributing to unit effectiveness.” “These items will normally be presented during officially organized and announced unit and/or individual recognition ceremonies.” And with the new rules come more paperwork. Each giveaway must be fully accounted for and is likely to be periodically audited. [Source: NancyTimes | Mark D. Faram | Aug 09, 2014 ++]

Huey Helicopter UH-1N ► Officially Retired

The US Marine Corps (USMC) has officially retired the last of its Bell UH-1N 'Huey' helicopters after more than 40 years of service, it was announced on 3 SEP 2014. A 'sundown' flypast of the last UH-1N to be operated by Marine Light Attack Helicopter Squadron (HMLA) 773 took place at Naval Air Station Joint Reserve Base New Orleans, Louisiana, on 28 AUG during which the helicopter was accompanied by its Bell UH-1Y Venom successor. Having entered service in 1971 the UH-1N flew its final combat operation in Afghanistan in 2010, since when it has been used for training and liaison duties. In all, 205 such helicopters were delivered to the USMC.



The US Marine Corps' final UH-1N 'Huey' helicopter (front) is escorted by its UH-1Y Venom (rear) successor during its sundown flypast on 28 August

As part of the H-1 upgrade program, the UH-1N is being replaced by the UH-1Y (the other part of that program will see the AH-1W SuperCobra replaced by the AH-1Z Viper). Although based on the same UH-1 airframe, the newer UH-1Y is a larger and altogether more capable platform than its predecessor in terms of range, payload, speed, ballistic protection and crash survivability. It is also cheaper to operate and has a smaller logistical footprint. A total of 160 UH-1Ys (of which 10 will be remanufactured airframes) will now be delivered by 2018. [Source: IHS Jane's Defence Weekly | Gareth Jennings | Sep 04, 2014 ++]

Uniforms Update 02 ► Boot Camp Sneakers

New Balance has unveiled a sneaker prototype that could become standard-issue in boot camp and spell an end to the cash allowances that let recruits buy foreign-made shoes. New details about the shoemaker's 950v2 sneaker emerged after a visit from lawmakers on 19 AUG to a New Balance factory in Lawrence, Massachusetts. The prospect of an all-American-made shoe has lawmakers interested, and New Balance is not the only company eyeing a potential military contract. The question is whether prototypes can pass muster with the Defense Department. "We wanted to make a shoe with the highest technical performance, but also light, and it's going to be durable enough to withstand any conditions or terrain," New Balance spokeswoman Caitlin Campbell said.



A view of the New Balance 950v2,

The sneaker's aesthetic design is derived from the company's ultra-marathon shoe, the Leadville 1210 but made entirely from U.S.-sourced materials. The original shoe was made with the 100-mile Leadville Trail Marathon in mind. "The shoe is made from different materials, and it has a different color wave, black and silver, sort of an understated, conservative look," Campbell said. The sneakers took center stage at the factory visit. Reps. Niki Tsongas (D-MA) and Mike Turner R-OH) toured the company's biomechanical research lab, prototype lab and manufacturing floor, before sitting down with executives to discuss the potential of a Pentagon policy change. Recruits today in the Army, Air Force and Navy can use a one-time \$80 allowance to buy foreign-made shoes as an exception to the "Berry Amendment," a federal law that that requires DoD to buy American-made goods when possible. The Marine Corps only offers a general clothing allowance that does not specifically apply to shoes.

The Berry Amendment has not applied to running shoes in the past because there were no entirely American-made shoes on the market. But the 950v2 can fit that bill. "It's a great opportunity to learn not only how a Berry-compliant shoe is made, but how they are making a shoe that meets the needs of a new recruit," Tsongas said. The factory visit comes a few weeks before the Pentagon hosts an industry briefing in September with U.S. shoemakers. For manufacturers, the hope is the meeting will be to announce the Pentagon's plans and timeline. Tsongas said there are several companies that could compete to produce a Berry-compliant shoe, including Michigan-based Wolverine Worldwide. The 950v2 will be offered in widths of narrow to extra-wide and in different varieties for stability and motion control, Campbell said. "We're building the shoe so that it can be used by any type of runner, and any body type," Campbell said, adding later: "It's certainly not one size fits all or most. There is certainly a range, and we want to be able to meet the need for all different types of runners."

While DoD prepares for a wear-test, the services were instructed to conduct a joint study of footwear to ensure that recruits' feet are being properly evaluated and matched with the most appropriate shoe type. Service members, and the Pentagon at one point, have expressed concern that eliminating allowances would limit choices for service members and could contribute to injuries. New Balance sees the rule as the closing of a loophole in the law, and a move that benefits U.S. manufactures. "This is an industry that has gone overseas, and we see this as a way to revitalize the industry and bring jobs back to the U.S.," Campbell said. "We know our craftsmen and craftswomen here in the U.S. make great products. We think DoD getting behind domestic manufacturing will be a great spark." [Source: NavyTimes | Joe Gould | Aug 31, 2014 ++]

Fate of America's Aircraft Carriers ► Sunk, Scrapped or Saved

American aircraft carriers at their peak are the queens of the high seas, outclassing even America's nearest peer competitors. They're the anchors of U.S. seapower, and have a commensurate price tag, costing billions of dollars to build and thousands of sailors to man. But even the proudest ships outlive their military usefulness — and sometimes they're barely worth the trouble to tear them down. USS *Constellation* (CV-64) will be the latest carrier to meet the scrappers. The Navy announced in July that it plans to pay International Shipbreaking, a company in Texas, \$3 million to rip the vessel apart. According to the *Kitsap Sun*, the sea service decided it would cost too much to turn it into a museum, and no other countries were interested in buying the 1,073-foot, 61,981-ton vessel.



The "Connie" is receiving a fond send-off at ports along its journey, which Foss, the maritime company hired to drag *Constellation* to her last reward. At <http://www.foss.com/foss-innovation/uss-constellation-tow-blog> the ship can be tracked on its final journal. Many of her well-wishers are sailors who served on the 53-year-old ship during the Vietnam War. *Constellation* was deployed to the Tonkin Bay and her air wing flew reconnaissance missions over Laos in the 1960s and served off Vietnam repeatedly through the early 1970s. Later in life, she helped enforce the no-fly zone over Iraq in 1995. She hasn't sailed since being mothballed in 2003. To see what has happened to the decommissioned carriers that preceded her, refer to the attachment to this Bulletin titled, "**Fate of America's Aircraft Carriers**". [Source: USNI News | Cid Standifer | Aug 28, 2014 ++]

Medal of Honor Citations ► Thomason, Clyde WWII



*The President of the United States in the name of The Congress
takes pleasure in presenting the
Medal of Honor posthumously
To*

THOMASON, CLYDE

Rank and organization: Sergeant, U.S. Marine Corps Reserve, 2d Marine Raider Battalion

Place and date: Butaritari Island, Makin Atoll, 17 August 1942

Entered service at: Savannah Georgia December 1934

Born: May 23, 1914, Atlanta, Georgia

Citation

For conspicuous gallantry and intrepidity at the risk of his life above and beyond the call of duty while a member of the Second Marine Raider Battalion in action against the Japanese-held island of Makin on August 17–18, 1942. Landing the advance element of the assault echelon, Sergeant Thomason disposed his men with keen judgment and discrimination and by his exemplary leadership and great personal valor, exhorted them to like fearless efforts. On one occasion, he dauntlessly walked up to a house which concealed an enemy Japanese sniper, forced in the door and shot the man before he could resist. Later in the action, while leading an assault on enemy position, he gallantly gave up his life in the service of his country. His courage and loyal devotion to duty in the face of grave peril were in keeping with the finest traditions of the United States Naval Service.



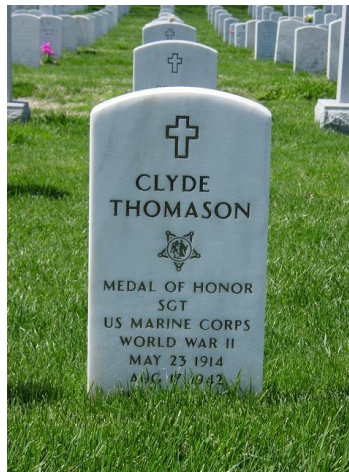
Sergeant Clyde A. Thomason was a United States Marine who posthumously received the Medal of Honor for heroism at the cost of his life while leading an assault in the Makin Islands on August 17, 1942. Thomason was the first enlisted Marine to receive the Medal of Honor during World War II. He was born in Atlanta, Georgia on May 23, 1914, and after his graduation from high school there, traveled widely throughout the United States in a "jalopy" with companions. In December 1934, he enlisted in the United States Marine Corps in Savannah, Georgia. Although he was named for his father, at the time of his enlistment he dropped the "A" of his father's name and became known in the Marine Corps simply as Clyde Thomason. This was the name under which he enlisted in 1934 and was the name subsequently used in official Marine Corps records. He later served in the Marine Detachment of the USS Augusta, Flagship of the Asiatic Fleet, and was honorably discharged in 1939 upon the expiration of his enlistment. The day following his discharge, he was retained in the Fleet Marine Force Reserve. When he again became a civilian, he accepted a position with the Albany, Georgia, branch of the Fire Companies Adjustment Bureau, Inc., and Albany became his home in February 1940.

Thomason re-enlisted in the Marine Corps Reserve in January 1942 following the attack on Pearl Harbor. He asked for action, and when Lt.Col. Evans Carlson was organizing his famous Raiders, Thomason volunteered. Because he was so tall, 6 feet 4 inches, and weighed 190 pounds he had to ask for a height waiver to get into the Raiders. He received his training in California before going to the Pacific battlefields in April for duty with the 2nd Raider Battalion. Letters that he wrote to friends in Albany, Georgia during the time of his service in the Pacific show that he wanted to be "where things are happening." He refused to accept assignments which would keep him away from action. He wrote of his commanding officer, Lt.Col. Carlson, and of Maj. James Roosevelt, second in command. Lt.Col. Carlson thought so highly of Sgt. Thomason that he selected him to lead the advance element against the Japanese garrison at Butaritari. It was there that Sgt. Thomason's gallantry in action earned him the Medal of Honor.

Sgt. Thomason was one of 30 Marines who did not return from the Makin Island raid. In November 1999, researcher discovered a mass grave on Makin Island that contained human remains, equipment, and dog tags belonging to Marine Raiders. Sgt. Thomason's remains were among those identified. His remains were returned to the United States and were interred at Arlington National Cemetery.

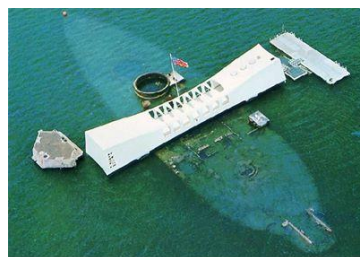
The Medal of Honor was conferred posthumously and was presented to his mother by Under-Secretary of the Navy, James Forrestal, at ceremonies in January 1943 in Washington, D.C. Following his death, the people of Georgia bought a sufficient number of War Bonds to purchase for the Navy a cruiser, the USS Atlanta. The bonds were oversubscribed and there was money enough to pay the cost of two destroyer escorts, one of which, DE-203, was named the USS Thomason, launched at the Charleston, SC, Navy Yard in August 1943.

- In 1957, in ceremonies at the Marine Corps Supply Center, Albany, Georgia, a new gymnasium building was formally dedicated in Sgt Thomason's name.
- In May 1984, a Staff Non-Commissioned Officers Barracks was named for Sgt. Thomason at the Marine Corps Base, Camp Smedley D. Butler, in Okinawa, Japan.
- On December 17, 2004, the Sgt. Clyde Thomason Amphibious Skills Training Facility was dedicated on Coronado Island, California.
- On August 17, 2001, Sgt Thomason's remains were re-interred in Arlington National Cemetery, Arlington, Virginia.
- On February 18, 2009, the Marine Corps League Detachment #1325 was formed in Fayette County, Ga.



[Source: http://en.wikipedia.org/wiki/Clyde_A._Thomason & www.history.army.mil/html/moh/wwII-t-z.html Sep 2014 ++]

* Military History *





Bats Out of Hell

by Jack Fellows

On 6 April 1945, 499th Bomb Squadron, 345th Bomb Group pilot Lieutenant Francis Thompson dove his bat-nosed North American B-25J Mitchell toward an IJN Kaiboken-class frigate, Coast Defense Vessel No. 134, in the Formosa Strait 30 miles southwest of Amoy. Thompson, piloting one of 24 B-25's managed only to strafe in this low altitude, mast-height, daylight attack as he was crowded out by his wingman who scored a near miss and did probable damage to the frigate's stern, and by the explosion of a delay-fuse 500-pound bomb that had been dropped by the flight leader. Here Thompson pulled out of his attack in the fast and furious battle-a harrowing example of the dangerous missions that took the lives of 700 men from the four squadrons of the 345th.

[Source: <http://www.aviationarthangar.com/avarthabaout.html> Sep 2014 ++]

USS Oklahoma (BB-37) ► Pearl Harbor Sinking

On Sunday, December 7th, 1941, the Japanese Empire commenced her early morning attack on Pearl Harbor. In New York State, it was early afternoon. Some local kids were out hunting, only to hear it on the car radio as they returned home. Some families heard the announcement as they were traveling to relatives' homes for Sunday dinner; many others were at home, huddled around the family radio. A good many were at the theaters in Glens Falls or Hudson Falls to see the latest Abbott and Costello release when the show was interrupted and the announcement made. For young people and their elders, the response was the same: outrage, followed by the universal question- "Where the heck is Pearl Harbor?" The other universal feeling was the uneasy realization that life was going to be significantly altered from here on out. A few local boys were already well aware of where the Pacific Fleet was anchored; they had joined the Navy already and on December 7th, were on board ship in Hawaii for the attack. At the time, over 180 ships and vessels were moored in the harbor. At 7:55 am, the first of two waves of Japanese planes struck.



USS Oklahoma at sea in 1937

Hudson Falls native Harry Randolph Holmes was on board the *USS Oklahoma* serving as a fire controlman. "Randy" had left high school early, and had arrived at Pearl Harbor a few weeks before. At seventeen, he was probably the youngest sailor out of nearly 1900 crew members. Dating from World War I, the "Okie" was an older ship with thin armor plating, but had lately made a name for herself evacuating Americans trapped in Spain at the outbreak of the Spanish Civil War in 1936. Like many ships, she was in a state of complete unreadiness at the moment of the attack. Having returned to port following sea maneuvers only the day before, the ship has its anti-aircraft ammunition locked away and the normally closed watertight compartments below the water line opened in preparation for a fleet admiral's inspection the following Monday, the 8th.

Barely minutes into the attack, as the airbases at Hickam and Wheeler Fields billowed smoke and flames and Battleship Row was coming under fire, the *Oklahoma* was struck by three Japanese torpedoes dropped at low altitude; crew members actually saw the torpedoes in the water with virtually no time to react. The explosions ripped through the port side with Randy and over 400 crew members trapped below her decks. The order was given to abandon ship but as the ship listed and more torpedoes were taken into her port side, the men inside were plunged into darkness, with water flooding the open compartments and their world now slowly turning upside down.



The Okie is struck. Captured Japanese film.

In desperation, many tried to make it up to the shell deck, from which it might be possible to climb to the top of the ship and jump overboard, the difficulty of which was compounded by the oil pouring over them from the damaged machines above, and the fact that the ship was still listing. As the ship gradually rolled, dozens of 1400 pound shells on the shell deck broke loose from their tie-downs and barreled towards the desperate sailors and they were crushed to death. When the ship took her fifth -some sources say ninth- torpedo, she capsized around 8:08 am. It had taken all of perhaps fifteen minutes. The crippled Oklahoma capsized and lay at 151 degrees with her masts in the Pearl Harbor mud.



The Japanese wheeled, and dove in again. The *USS Arizona* suffered a direct hit with a nearly two ton armor piercing bomb which penetrated below the main deck and instantly ignited stores of aviation fuel and gunpowder for the ship's 14 inch guns, the subsequent explosion essentially broke the ship in two, lifting the vessel out of the water and instantly killing 1177 crewmen on board. When the battle had ended two hours later, over twenty ships had been sunk or damaged.

The tragedy of the *USS Oklahoma* was the second greatest loss of life aboard a ship. A frantic rescue operation by civilian shipyard crews with jack hammers and torches along the bottom of the ship over the next two days had saved some 32 men, but it was discovered later that some of those trapped below had lived as long as three weeks in dark, inaccessible parts of the vessel. Randy Holmes was now the first kid from Hudson Falls, or Washington County, and perhaps New York State to be killed in what would become World War II. Word was received soon after the Japanese bombing of Pearl Harbor, by Mr. and Mrs. Randolph

Holmes that their son was ‘missing in action’. The young sailor was on board the steamship Oklahoma, when it was struck by a Japanese bomb.



Oklahoma after attack, capsized, right, next to the USS Maryland and the righting operation in March 1943

Resting in the main channel of the harbor, a major salvage operation began in March of 1943. This massive undertaking involved the use of winches installed on Ford Island, which slowly rolled the ship back into place in an upright position. The ship was then pumped out and the remains of 429 sailors and Marines were removed. Eighteen months after they died, they were recovered and buried in a mass grave at Pearl Harbor. Only 35 have been identified. Two years later, a California salvage company bought the ship for scrap and began towing her to Oakland in the spring of 1947. On May 17, the ship began listing to port and the tow lines had to be cut. The USS Oklahoma sank approximately 540 miles northeast of the Hawaiian Islands. The spirits of 429 lost souls may have silently cheered when this tribute to the loss of the Oklahoma was written:

“Good for you, Oklahoma!
Go down at sea in deep water, as you should, under the stars.
No razor blades for you!
They can make ‘em from the ships and planes that did you in.
So long, Oklahoma! You were a good ship!”

[Source: Glen Falls Chronicle | Matthew Rozell | May 23, 2013 ++]

D-Day ► Theodore Roosevelt Jr.

Theodore Roosevelt Jr., son of U.S. President and Spanish-American War Rough Rider Teddy Roosevelt, was no stranger to combat. He had been gassed and wounded in the battle of Soissons during World War I and was quick to volunteer for WWII. Brigadier General Roosevelt had already led troops in Northern Africa and Sicily when he was reassigned to England to assist in the Normandy Invasion. Roosevelt’s several requests to land with the first wave of the invasion were denied, but his final petition was accepted.



Theodore Roosevelt Jr., Brigadier General, U.S. Army and Medal of Honor Recipient

Roosevelt at 56 was the oldest man and only general in the first wave to storm the beaches of Normandy. In addition he was the only father to serve with his son on D-Day. His son Capt. Quentin Roosevelt II landed at Omaha beach. General Roosevelt who had longstanding health problems, arthritis, a heart condition and injuries sustained in WWI, charged the beach with his cane and pistol. Upon learning that the unit had drifted a mile off course during the landing he modified the original plans under fire to attain objective success. Gen. Omar Bradley later recalled that Ted Roosevelt displayed the single most heroic action he had ever seen in combat. A little over a month after D-Day, Theodore Roosevelt Jr. died of a heart attack. He was buried at the American Cemetery in Normandy. Roosevelt was posthumously awarded the Medal of Honor for his actions during the beach landing on Sept. 28 1944. It reads:

Citation

For gallantry and intrepidity at the risk of his life above and beyond the call of duty on 6 June 1944, in France. After 2 verbal requests to accompany the leading assault elements in the Normandy invasion had been denied, Brig. Gen. Roosevelt's written request for this mission was approved and he landed with the first wave of the forces assaulting the enemy-held beaches. He repeatedly led groups from the beach, over the seawall and established them inland. His valor, courage, and presence in the very front of the attack and his complete unconcern at being under heavy fire inspired the troops to heights of enthusiasm and self-sacrifice. Although the enemy had the beach under constant direct fire, Brig. Gen. Roosevelt moved from one locality to another, rallying men around him, directed and personally led them against the enemy. Under his seasoned, precise, calm, and unfaltering leadership, assault troops reduced beach strong points and rapidly moved inland with minimum casualties. He thus contributed substantially to the successful establishment of the beachhead in France.

[Source: Vantage Point | Tim Hudak | Jun 06, 2014 ++]

WWII PostWar Events ► Red Army at Berlin Brandenburg Gate



Red Army photographer Yevgeny Khaldei (center) in Berlin with Soviet forces, near the Brandenburg Gate in May of 1945

Spanish American War Images 61 ► Spanish Warship Almirante Oquendo



Quarter view of the Spanish warship Almirante Oquendo, still smoldering the day after battle. The stern of this wreck still remains on site in Cuba; the aft barrette emerges from the waves at low tide; the 11" gun points defiantly at the sky (top). Hit repeatedly by the USS Iowa, the Oquendo endured premature explosion of one of her own 11" shells, wrecking her forward turret, followed shortly by a boiler explosion disabling her port engine. The ship barely made it ten miles west of Santiago before driving aground in flames, the second Spanish cruiser forced off the main. War correspondent John C. Hemment noted, the sponsons of the [port side] rapid-fire guns were completely demolished, and the guns were hanging down over the side ready to drop at any moment. As we were hovering around the Oquendo an explosion occurred from one of her guns." The wreck was deemed too hot to board.

Military History Anniversaries ► 16 Sep thru 15 Oct

Significant events in U.S. Military History over the next 30 days are listed in the attachment to this Bulletin titled, "**Military History Anniversaries 16 Sep thru 15 Oct**".

WWI in Photos 111 ► Xmas Celebration in the Field



German soldiers celebrate Christmas in the field, in December of 1914.

Faces of WAR (WWII) ► Airman Kenneth Bratton Nov 1943



Crewman lifting exhausted airman Kenneth Bratton (AOM) out of turret of TBF aircraft on USS Saratoga after a raid on Rabaul in 1943

Military Kits ► 1588 Tilbury | Trainband Caliverman



Personal equipment carried by the common British soldier:

1. Black woolen doublet with a leather jerkin over the top; the black cloth indicated relative wealth of the soldier
2. Venetian hose

3. Petticoat – holds the trousers up (comes from the word little coat)
4. Ruff
5. White braes – underpants- and white linen shift
6. Cabaset (helmet) with a broad rim which provided good cover to face and back of neck. The helmet has cheek pieces that fold down.
7. Copintank felt hat with African imported ostrich feathers
8. Shoes
9. Gloves
10. Piece of horn
11. Costrel – water bottle
12. Scabbards
13. Drinking tankard and earthenware pot; the stated rations for army facing Armada was two pounds of beef, two pounds of bread, a pound cheese and eight pints of beer
14. Knife and pricker – forks weren't in wide use, although Elizabeth I was using one
15. Bowl and spoon
16. Grey woolen bag with playing cards, dice and pouch
17. Rapier
18. Side sword
19. Sword belt and pouch; hanging below is a chain with a pricker and brush for cleaning the gun
20. Powder flask for priming powder – to set the gun off with
21. Powder flask for coarser powder that would go down the barrel of the gun
22. Brown pouch with a pocket gold sundial; the mirror was attached to a cord and encased in a walnut-wood ball, stuffed with sweet-smelling herbs. Usually worn around the neck
23. Fire lighting kit including flint and striker and tinder
24. Yard of match – the cord that burns to give fire to the gun
26. Worm – for clearing blockages
27. Ramrod
28. Bag of 20 caliver lead balls
29. Caliver - before Elizabeth I came to the throne in 1559 gunsmiths around the country would make the muskets used in battle to their own specifications. The new queen insisted on standardization, and so the 20-bore clavier was introduced
30. Money bag with gold coins

[Source: The Telegraph | Inventories of war | Aug 07, 2014 ++]

*** Health Care ***



Mumps ► Cause, Symptoms, Treatment, and Prevention

Mumps is a highly contagious viral infection with an incubation period of 14-18 days from exposure to onset of symptoms. There is currently no treatment for mumps that can kill the mumps virus. Because mumps is caused by a virus, antibiotics or other medications for mumps are not effective. Fortunately, in most cases, the body is able to effectively kill the mumps virus. After 1 to 2 weeks, mumps symptoms have usually faded. During this time, treatment for mumps is supportive, meaning the symptoms and possible complications of mumps are treated. The duration of the disease is approximately 10 days. In most cases, there are no long-term effects from mumps. However, in rare cases, severe complications can occur.

The initial symptoms of mumps infection are nonspecific (low-grade fever, malaise, headache, muscle aches, and loss of appetite). The classic finding of parotid gland tenderness and swelling generally develops the third day of illness. The diagnosis is generally made without the need for laboratory tests. Serious complications of mumps include meningitis, encephalitis, deafness, and orchitis. The virus is spread when infected people breathe, cough, and sneeze. They can also spread it by sharing items such as cups and eating utensils, and touching surfaces that are then touched by others.



The mumps vaccine is the best way to protect your child. It is usually given as part of a combination vaccine that protects against three diseases: measles, mumps, and rubella or MMR. In most children, mumps is pretty mild. But it can cause serious, long-lasting problems. Mumps typically starts with fever, headache, muscle aches, tiredness, and loss of appetite. Then, most people will have swelling of their salivary glands. This is what causes the puffy cheeks and a tender, swollen jaw. Children should get two doses of MMR vaccine:

- The first dose at 12 through 15 months of age, and
- The second dose at 4 through 6 years of age.

Your child's doctor or PCM may also offer the MMRV vaccine, a combination vaccine that protects against four diseases: measles, mumps, rubella, and varicella. Talk to your child's healthcare professional for help deciding which vaccine to use. TRICARE provides the MMR vaccine for free at participating network pharmacies. Go to <http://tricare.mil/vaccines> to learn more about TRICARE's covered vaccinations. [Source: TRICARE Beneficiary Bulletin Aug 21, 2014 ++]

TRICARE Vaccine Program Update 02 ► Infancy to Adulthood

Although National Immunization Awareness month has ended and most children have returned to school, this is still a good time of year to review required vaccines and check immunization schedules to be sure we

are all adequately protected. For most, immunization starts early. Infants receive a series of six primary immunizations from birth to six months:

- DTaP, the vaccine for Diphtheria, Tetanus and Pertussis
- Hib, the vaccine for Haemophilus influenza type b
- PCV, the vaccine for Pneumococcus
- IPV, the vaccine for Polio
- HepB, the vaccine for Hepatitis B, and
- RV, the vaccine for Rotavirus

Four of these vaccines protect against diseases that are airborne, so be sure to get them on time. Hepatitis B is spread through direct contact with infectious blood or bodily fluids, and the last, Rotavirus is spread by the fecal-oral route. This means it is eliminated from a contaminated person and enters another person's mouth. It can be spread by contaminated hands, objects, food or water. Although it varies for each child, the oral fixation stage ensures that most items in a baby's hands will end up in their mouth; so these vaccines are time sensitive as well. For more information, visit <http://www.cdc.gov/rotavirus/index.html>. As people age continued adherence to immunization schedules is necessary to maintain their good health:

- **Toddlers and school age children.** Typically receive a second dose of previous vaccines. Per Centers for Disease Control and Prevention (CDC) recommendations, the first dose of the MMR vaccine should be given between 15-18 months of age and the 2nd dose should be given between 4-6 years of age. Vaccinations for Hepatitis A, a two-dose series, should be initiated by the time a child is 12-24 months of age and concluded 6-18 months after that. For Hepatitis B, the first dose should be given between birth – 1 month of age; the second dose between 1-2 months of age; and the 3 dose between 6-18 months of age.
- **Children seven – twelve years old.** Can receive a catch-up dose of these vaccinations if they are behind schedule. Immunizing against Hepatitis is extremely important. If infected with this disease, children will develop lifelong liver problems, kidney, pancreatic and blood disorders. Viral hepatitis is the leading cause of liver cancer and the most common reason for liver transplantation. An estimated 4.4 million Americans are living with chronic hepatitis; most do not know they are infected. Visit www.cdc.gov/hepatitis for more information. Vaccination also protects children against chickenpox (varicella). It is a very contagious disease caused by the varicella-zoster virus (VZV). Aside from the blister-like rash, itching, tiredness and fever, complications can result, like infected blisters from little hands that can't stop scratching to bleeding disorders, encephalitis (brain swelling) and pneumonia. For Varicella, the first dose should be given between 12-15 months of age, and the 2nd dose between 4-6 years of age.
- **Teen and adult.** Vaccinations are few and far between, unless you are receiving catch-up immunizations. The Td booster for Tetanus and diphtheria should be received every 10 years after the initial DTaP. Flu vaccines are recommended every year, especially for the very young or older adults who have chronic illnesses.
- **Adults age 60 and older.** Should consider the shingles vaccine because the risk of shingles increases as you get older. According to the CDC, after a person recovers from chickenpox, VZV stays dormant in the body. For reasons that are not fully known, the virus can reactivate years later, causing shingles. Almost 1 out of every 3 people in the United States will develop shingles, also known as zoster or herpes zoster, in their lifetime. Anyone who has recovered from chickenpox may develop shingles, even children. However, about half of all cases occur in men and women 60 years old or older. The only way to reduce the risk of developing shingles and the long-term pain from post-herpetic neuralgia (PHN) is to get vaccinated. The vaccine is available in pharmacies and doctor's offices, and is a TRICARE covered service for beneficiaries 60 years of age and older.

Go to <http://www.tricare.mil/immunizations> for information about TRICARE's coverage of immunizations. Through the expanded TRICARE pharmacy vaccine program, you may receive certain covered vaccines for zero copayment at participating network pharmacies. For more information, call Express Scripts at 1-877-363-1303 or search for participating pharmacies online at <http://www.express-scripts.com/TRICARE/pharmacy>. [Source: TRICARE Healthy Living Sept. 9, 2014 ++]

Breast Cancer Update 05 ► No Cancer-Bra Connection Found

Researchers at the Fred Hutchinson Cancer Research Center in Seattle have found no support for the widely published notion that wearing a bra increases the risk of developing breast cancer. Promoters of this idea claim that bras cause pressure on the lymphatic system that interferes with the processes of waste and toxin removal. The researchers compared the bra-wearing histories of 469 apparently healthy women with those of 1,044 women who had been diagnosed with breast cancer and found that no aspect of bra wearing—including bra cup size, average number of hours/day worn, wearing a bra with an underwire, or age first began regularly wearing a bra—was associated with any breast-cancer risk. (Chen L and others. Bra wearing not associated with breast-cancer risk: A population-based case-control study. *Cancer Epidemiology Biomarkers & Prevention*, Sept 5, 2014). [Source: Consumer Health Digest 14-33 +]

Tricare Standard Claim Update 01 ► Submission Guidelines

As a TRICARE Standard beneficiary, you may be required to submit your own claims. If submitting your own claims, you should take the following steps to help avoid late or denied payments. For care received in the United States, submit claims to the claims processor in the region where you live, not where you received care. For care received overseas, including in U.S. territories (American Samoa, Guam, the Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands), submit claims to the TRICARE Overseas Program claims processor, regardless of your home region. In the United States and U.S. territories, claims must be filed within one year from the date of service or date of inpatient discharge. Overseas, claims must be filed within three years, and you must submit proof of payment with all overseas claims. Refer to <http://www.tricare.mil/proofofpayment> for more information.

Claims Forms

To file a claim, you must fill out a TRICARE DoD/CHAMPUS Medical Claim—Patient's Request for Medical Payment form (DD Form 2642). You can download forms and instructions from the TRICARE website at <http://www.tricare.mil/claims> or from your regional contractor's website. Beneficiaries (age 18 or older), spouses, parents, or guardians may sign the initial claim form, although later forms (needed to process a claim) must be signed by the beneficiary (or parent or guardian if the patient is under 18).

Items to Include.

When filing a claim, attach a readable copy of the provider's bill to the claim form, making sure it contains the following:

- Patient's name
- Sponsor's Social Security number (SSN) or Department of Defense Benefits Number (DBN) (eligible former spouses should use their own SSN or DBN, not the sponsor's)
- Provider's name and address (if more than one provider's name is on the bill, circle the name of the person who provided the service for which the claim is filed)
- Date and place of each service

- Description of each service or supply furnished
- Charge for each service
- Diagnosis (if the diagnosis is not on the bill, be sure to complete block 8a on the form)

You may have to pay up front for services if you see a TRICARE-authorized non-network provider who chooses not to participate on the claim. In this case, TRICARE reimburses you for the TRICARE-allowable charge, minus any deductible and cost-shares. A deductible is the amount of money you pay out of pocket before your health care benefit begins cost-sharing. A cost-share is the percentage of the cost of care that you are responsible for paying when you visit a health care provider. You are responsible for the deductible and cost-shares under TRICARE Standard. Nonparticipating non-network providers may charge up to 15 percent above the TRICARE-allowable charge for services in addition to your deductible and cost-shares. You are responsible for this cost. For more information, refer to <http://www.tricare.mil/costs>.

Note: Overseas, there may be no limit to the amount that nonparticipating non-network providers may bill, and you are responsible for paying any amount that exceeds the TRICARE-allowable charge. For more information refer to <http://www.tricare.mil/overseas>.

Remember, when you visit a TRICARE network provider, you are using your TRICARE Extra benefit (not available overseas), and your provider submits the claim for you. With TRICARE Extra, you have lower out-of-pocket costs. Refer to <http://www.tricare.mil/claims> for additional claims-processing information. [Source: TRICARE Standard Health Matters e-Newsletter September 2014 ++]

Regional Claims-Processing Information

TRICARE North Region	TRICARE South Region	TRICARE West Region
Send claims to: Health Net Federal Services, LLC c/o PGBA, LLC/TRICARE P.O. Box 870140 Surfside Beach, SC 29587-9740	Send claims to: TRICARE South Region Claims Department P.O. Box 7031 Camden, SC 29021-7031	Send claims to: UnitedHealthcare Military & Veterans TRICARE West Region Claims P.O. Box 7064 Camden, SC 29021-7064
Check the status of your claim at: www.myTRICARE.com or www.hnfs.com	Check the status of your claim at: www.myTRICARE.com or Humana-Military.com	Check the status of your claim at: www.uhcmilitarywest.com

TRICARE Overseas Region			
Active Duty Service Members (all areas)	Eurasia-Africa	Latin America and Canada	Pacific
Send claims to: TRICARE Active Duty Claims P.O. Box 7968 Madison, WI 53707-7968 USA	Send claims to: TRICARE Overseas Program P.O. Box 8976 Madison, WI 53708-8976 USA	Send claims to: TRICARE Overseas Program P.O. Box 7985 Madison, WI 53707-7985 USA	Send claims to: TRICARE Overseas Program P.O. Box 7985 Madison, WI 53707-7985 USA

Defense Health Agency Update 06 ► Report on Chronic Lung Disease

The Pentagon should be doing more to track and treat troops with chronic lung diseases linked to deployments, a panel of medical experts has advised the Defense Health Board. With an unknown number of active duty troops and veterans — possibly as many as a few thousand — experiencing chronic pulmonary conditions like asthma, constricted breathing or chronic cough they believe are related to exposure to burn pits or the dust laden desert air of Iraq, the Defense Department must adopt policies to understand the relationship between deployment and lung conditions, a public health panel said. In a review of existing literature on burn pit and particle matter data and studies, as well as interviews with environmental and medical experts and patients, the nine-member panel said there was “no question” that deployed troops are exposed to situations that may lead to lung disease.

But retired Public Health Service Rear Adm. Clifford Lane, who served as subcommittee chair, said there is “insufficient data” to provide a definitive cause-and-effect relationship with a specific exposure in southwest Asia. “There is a consistent report of increased respiratory symptoms and illness when deployed are compared to nondeployed. This is particularly true for asthma and is not specific to southwest Asia deployment,” Lane told DHB members 11 AUG. The DHB, which serves as an advisory panel to Defense Department leadership on health policy, was tasked in January 2012 to review deployment related health problems and make recommendations for surveillance, assessment and prevention. As with other medical task forces before it — including the influential Institute of Medicine, which in 2011 released a massive review of the health consequences of burn pit exposure — the group concluded there is not enough information to determine what caused breathing problems, or even a rare lung disease, in some troops.

Still, the nine-member panel said the dearth of data should not stop the Defense and Veterans Affairs departments from instituting changes to better follow those affected, ranging from improving pre and post-deployment physical assessments to diagnosing and treating them. The group made seven major recommendations on increasing theater surveillance, improving deployment health assessments, broadening patient monitoring and prevention. Members noted that since pre and post-service questionnaires did not ask the same questions, and the standard predeployment form actually doesn’t contain any pulmonary health questions, DoD should align them so the department can better assess whether personnel are affected. The panel stopped short, however, of recommending predeployment breathing tests — a requirement some lawmakers have said is needed. Instead, the members said more work was needed to determine whether the potentially cumbersome mass testing would improve later diagnoses.

Since troops began returning home from Iraq and Afghanistan, a number have received a surgical lung biopsy to determine what ails them. Several pulmonologists have diagnosed these veterans with constrictive bronchiolitis, a rare, progressive lung disease that has no cure. But the panel recommended against broader use of lung biopsy to provide a diagnosis, since it is an invasive, potentially harmful procedure. “Some have advocated for a more aggressive use of lung biopsy. ... We are 100 percent against this. It should only be used when medically indicated,” Lane said. The group made a total of seven recommendations, each with sub recommendations. One suggestion is likely to irk many who have diminished lung capacity following deployment: a recommendation that the Pentagon do more to reduce smoking in the ranks. Some troops who were exposed to burn pits or the fumes of a sulfur mine fire in Mosul, Iraq, in 2003 and have chronic lung conditions think the Defense Department is focusing too much on their personal smoking habits instead of considering environmental pollutants as the source of their illnesses. But, the DHB panel members said, the habit is a “clearly definable target for primary prevention” of pulmonary decline. “We debated whether this should be the first recommendation,” Lane said. According to a Pentagon survey released last year, a quarter

of troops said they smoke. In the civilian population, about 18 percent of Americans smoke, according to the Centers for Disease Control and Prevention.

Peter Sullivan, president of the Sgt. Thomas Sullivan Center, a D.C.-based nonprofit to promote deployment health research, thanked the subcommittee for its work but urged the board to consider looking at the “whole picture.” He said troops who served in Iraq and Afghanistan have far more health problems than just respiratory issues. “There’s a need for some real environmental sleuthing — air samples, soil sampling — in these places where they served. In many cases, as with my late son [Thomas Sullivan], they were accompanied by other problems: gastrointesti-nal, liver, heart. ... We need to look at the patients and treat the patient, looking at the whole medical condition,” he said. [Source: NavyTimes | Patricia Kime | Sep 09, 2014 ++]

Medicare Advantage Plans Update 07 ► When Needed

As a Medicare/Tricare for Life (TFL) enrollee, what happens if you are notified your doctors no longer accept Medicare coverage? You can ask family or friends where they go. You can do a <http://www.Medicare.gov> search for other Medicare providers in your area. You can start calling doctors in your neighborhood. Or your doctor may offer the option of enrolling in a Medicare Advantage plan. Medicare Advantage plans are Medicare. The Advantage plans are also known as Medicare Part C. With an Advantage plan, the government is not your insurer as in original Medicare. A health insurance company becomes your Medicare insurer. Medicare approves and contracts with insurance companies to offer Medicare Advantage plans. The Advantage plan becomes your Parts A and B Medicare coverage.

Per Medicare, the Advantage plans must be as good as, if not better than, the original Medicare Parts A and B. Only hospice is not covered by the Advantage plans but original Medicare continues to cover this for Advantage plan members. Medicare Advantage plans work with Tricare for Life benefits as your Medicare Parts A and B. However, coordination between TFL and an Advantage plan may not be as smooth so talk with TFL at 1-866-773-0404. The premium amount of the Advantage plans can vary but many use your Part B premium amount as their monthly premium cost. Your Part B premium will pay the insurance company rather than Medicare. Some plans’ premiums can cost more than the Part B premium however for the extra cost they usually provide extra benefits. Advantage plans can provide extra insurance in the form of dental, vision, hearing, or health and wellness coverage. Your Advantage plan may have other costs beyond the premium so stay alert when shopping. You must comparison shop to purchase an Advantage plan.

Advantage plan availability varies by geographic locale. The Advantage plan web site (<http://www.medicare.gov/find-a-plan>) allows you to customize the features and cost. You may find some added features worth the extra cost. Medicare supplement insurance (Medigap-Plans A through N at <http://www.medicare.gov/supplement-other-insurance>) cannot be used with an Advantage plan—shouldn’t be an issue for TFL users. Beware, many plans provide automatic drug coverage. As TFL members, you probably won’t want drug coverage. Your Tricare pharmacy benefits are better and because extra drug coverage has to pay first, you may find yourself filing manual claims to Express Scripts to exercise your Tricare drug coverage. This only scratches the surface. Note the timelines with getting in and out of Medicare and Advantage plans. To download the Medicare and You 2014 handbook go to <http://www.medicare.gov/Pubs/pdf/10050.pdf> for details or call 1-800-633-4227. [Source: MOAA News Exchange | Shane Ostrom | Aug 04, 2014 ++]



Car Insurance Update 05 ► How Much do you Need?

When you bought your last car insurance policy, how did you decide how much coverage to buy? Sure, there are generally accepted guidelines out there. Homeowners need at least \$100,000 in bodily injury liability protection, because a large, valuable asset like a house is an easy lawsuit target if you don't have enough to cover your victim's hospital bills. Or maybe you own nothing and have no savings, nothing you could lose. Then you might go for the legal minimum in your state. There's a lot of room in between, though, and seeing the choices other drivers in your situation make can be a good guideline when you shop for car insurance yourself. Insurance.com recently analyzed more than 550,000 insurance quotes delivered through its price-comparison tool to find the most common choices made by drivers of similar age, who live in the same state, who drive the same model year of car, or who own their homes. At <http://www.insurance.com/auto-insurance/coverage/how-much-to-buy.aspx> you can find data for your state in the "What Drivers Like You Buy" tool.

Nationwide, there are clear patterns. Three out of 4 drivers choose a \$500 deductible for collision and comprehensive coverage. A third of drivers under age 25 shop for the lowest legal amount of liability coverage, but only 19 percent of drivers older than 55 do. Nationwide, the most common coverage profile looks like this:

- Most common bodily injury liability coverage – \$50,000 per person, \$100,000 per accident, selected by 46 percent of all drivers.
- Most common property damage liability coverage – \$50,000, selected by 59 percent of all drivers.
- Collision coverage – selected by 60 percent of all drivers.
- Comprehensive coverage – selected by 61 percent of all drivers.
- \$500 deductible – selected by 74 percent of drivers who buy comprehensive and collision.
- Towing and emergency road service – selected by 16 percent of all drivers.
- Rental reimbursement coverage – selected by 16 percent of all drivers.

Seeing what other people in your situation are buying is a good place to start, but in the end, you need enough coverage for insurance to serve its intended purpose: standing between you and financial disaster. As you decide on what coverage to buy, consider these tips:

- Extra liability coverage beyond the required minimums is generally quite cheap. You'll pay only a fraction as much for an additional \$50,000 as you did for the first \$25,000.
- Raising your deductibles can save you money. Going from a \$500 deductible to \$1,000 on a 2012 Ford Explorer in Texas, for example, would cut the annual bill for comp and collision from \$576 to \$470. Saving \$100 a year on your car insurance is nice, but only if you have \$1,000 to get your car out of hock to the body shop.
- Before you make big changes in coverage, shop around first. The more you pay for car insurance, the more you are likely to find savings by switching insurers.

[Source: MoneyTalksNews Aug 14, 2014 ++]

Saving Money ► Collision Insurance | When to Drop

Thinking about dropping the collision coverage on your trusty but aging jalopy? You're most likely to do so after the car's eighth birthday, according to a new analysis from Insurance.com. Based on data from more than half a million car insurance quotes, the study indicates that more drivers opt to drop at year eight than any other time. Nine out of 10 owners of 7-year-old vehicles have collision coverage, but only 75 percent of eight-year owners still do. "When you drop collision coverage, you're essentially saying that you can do without that car or have a way to replace it without the help of insurance coverage," says Insurance.com managing editor Des Toups. (You can see how much coverage people with cars the same age as yours have at <http://www.insurance.com/auto-insurance/coverage/how-much-to-buy.aspx>.)

Collision coverage pays to repair or replace your vehicle when you are at fault or the guy who hit you is uninsured. It's required while you're still paying off an auto loan (along with comprehensive, which pays for things like theft and vandalism) and is a good idea for some years after that. How many years? That depends. We asked some people who think about money a lot how they decided to keep collision or drop it:

- Personal finance writer Kathy Kristof suggests weighing coverage vs. replacement costs. A good rule is 10 percent: If collision coverage costs \$200 a year on a \$2,000 car, you should consider dropping it and banking the premium toward your next vehicle purchase. (You can find the premium for your collision coverage itemized on the declarations page of your last renewal notice.) Her own household's two vehicles are both 12 years old but still worth between \$5,000 and \$7,000 each. Collision insurance is relatively cheap, so she carries it. "I would rather not have to eat that loss if they were totaled (just) to save less than \$100 a year on insurance costs," Kristof says.
- Some cars hold their value for a long time. Andrew Schrage of Money Crashers is insuring a 16-year-old car — one with 200,000 miles on it. But it's a Lexus, not a 1998 Chevy Cavalier. "The Blue Book value of the car is still high enough that paying out the (collision) premium is a good investment," Schrage says. From time to time he does a cost analysis to make sure coverage is still worth it.
- Age and infirmity sometimes make it pointless to insure your hoopty against hurt. J. Money, who blogs at Budgets are Sexy, drives a 1993 Cadillac DeVille that's been hit by a trio of other drivers in the past year. All three insurance companies considered the car "totaled" and wrote him checks for the Blue Book value (about \$2,000 in all). The blogger dropped collision

coverage, “since I don’t care about its looks and condition anymore.” This saves him about \$20 a month, he says.

Not all drivers can afford to drop collision once they meet the 10 percent guideline noted above. Continued coverage might be necessary (albeit frustrating) for those living from paycheck to paycheck. Suppose you swerved to avoid a deer and wound up hitting a tree instead. How would you get to work after that? Sure, the car might be worth only \$1,500, which means just a grand after a \$500 deductible. But that’s at least a start toward replacement wheels; drop the coverage and you’ll get nothing. The premiums you pay over the years could wind up equaling or exceeding what you’d get in the event of an accident. But if you can’t afford to replace the vehicle, you probably shouldn’t drop collision right away. You should, however, find a way to start saving even a small amount each month toward the inevitable replacement. (And one more tip: Almost all insurance companies will insist that you buy comprehensive coverage along with collision. But you usually can buy comprehensive all by itself, Toups says.)

A driver’s personal risk tolerance also plays an important role in deciding what insurance to carry. Personal finance author Gerri Detweiler chose “some of the highest limits” for her 2012 Kia Forte’s insurance and bought an umbrella policy to boot. Given all that, “the relatively small amount of money” that collision costs is worth it to her. “Even the littlest fender bender can result in expensive repairs,” Detweiler says. At the other extreme are people who don’t feel at risk, i.e., they’re such good drivers that coverage is unnecessary. However, wet or icy conditions can send even the most cautious motorist into the nearest guardrail. Without collision, you won’t get squat toward repairing or replacing your vehicle. The decision to keep or ditch collision is clearly very personal. Don’t let others push you in either direction. Instead, take a clear-eyed look at your finances and run the numbers, asking yourself: If that car in the driveway disappeared and you were uninsured, what would you do?

There’s no better time to shop around for a better deal on car insurance. The company that gave you the best price on full coverage may not be the cheapest when you drop to liability only; you may even save enough so that keeping collision seems like a viable option. Run other scenarios as well, like keeping collision and increasing your deductible. The math will look very different depending on where you live and what kind of car you drive. If you can truly afford to drop the coverage, do so. Then immediately set up an automatic debit of the annual collision premium to create a someday fund for a new (or new to you) vehicle. That may be necessary sooner than you think: Even the best drivers in the world can’t see black ice until it’s too late. [Source: MoneyTalksNews | Donna Freedman | Aug 04, 2014 ++]

SeaWorld Military Discount ► Waves of Honor

As Veterans Day approaches, SeaWorld Parks & Entertainment for the second year in a row is launching a special offer to honor all the men and women who have previously served as members of the U.S. armed services. The “Waves of Honor” salute to veterans offers 50 percent off single-day admission to the SeaWorld and Busch Gardens Parks, and Sesame Place for veterans and service members, and as many as five guests. Qualified service members and veterans include active duty, retired, honorably separated officers and enlisted personnel of the U.S. military. Tickets must be purchased by 11 NOV (Veterans Day), 2014 and redeemed by December 21, 2014. “We’re proud to extend this special offer to the 22 million U.S. veterans and their friends and families in celebration of their service,” said Jim Atchison, President and Chief Executive Officer of SeaWorld Parks & Entertainment. “It has always been our honor to host members of the military and their families at our parks each year, and this extends that appreciation even further.”



Qualified U.S. service members and veterans must purchase discounted tickets in advance at or at participating military bases or at <http://www.wavesofhonor.com>. Proof of service must be verified on wavesofhonor.com before visiting the park. Seaworld is working with <https://www.id.me> to provide an online verification of active and former military personnel. Troop ID (ID.me) works using a single sign on that enables brands to authenticate military affiliation in real time. SeaWorld is proud to participate in ID.me's National Strategy for Trusted Identities in Cyberspace (NSTIC) pilot as part of its efforts to offer this benefit to the military in a secure and privacy-enhancing manner. Active duty military who have visited the parks using the Waves of Honor complimentary admission can also take advantage their military salute program, previously known as Here's to the Heroes, created in 2001. The parks have played host to more than 6 million service members and their families since the program's debut.

SeaWorld Orlando, Busch Gardens Tampa, and SeaWorld San Diego operate year-round. The remaining parks are seasonal. Each park's operating schedule is available online. The program does not include Discovery Cove in Orlando or Aquatica, SeaWorld's Waterpark. Rules of eligibility can be found at <http://www.wavesofhonor.com> and are subject to change. Tickets have full paid value towards any upgrade. SeaWorld Parks & Entertainment reserves the right to terminate the program. [Source: SeaWorld Parks & Entertainment Press Release Sept. 8, 2014 ++]

Cramming Scam ► How it Works

If you have a cell phone, you've probably gotten one. The "You've Won a Free Gift Card" spam text messages are so common, you may not think anything of them. But be careful, responding to those texts could accidentally sign you up for a \$9.99/month charge.

How the Scam Works:

- You get a text message saying that you just won a \$1,000 gift card from a major retailer. It sounds too good to be real, but you decide to check it out anyway. You follow the link in the text, and it leads to a legitimate-looking website with the colors and logo of the real company.
- On the website is a form that prompts you to "claim your prize" by entering your name and address and confirming your cell phone number. When you enter your phone number, you receive a text message with a secret PIN. You type the PIN into the form and hit submit. Your gift card is on the way... or not!

There is no gift card, and "winners" found themselves unknowingly signed up for \$9.99 per month premium text messaging service. The scam, known as cramming, happens when a company uses your cell phone bill like a credit card, adding a charge for services that you never knowingly purchased. This scam is so prevalent that the FTC got involved and shut down six providers.

What You Can Do About Cramming?

- Just hit delete! Receive a suspicious text message? Ignore instructions to confirm your phone number or visit a link. Other scam text messages instruct you to text "STOP" or "NO" to prevent future texts. But this is a common ploy by scammers to confirm they have a real, active phone number.
- Read your phone bill: Check all charges on your phone bill each month for products and services you haven't ordered. Some charges may appear only once, but others might be monthly "subscriptions." Pay special attention to sections labeled "Miscellaneous," and the "third-party" charge sections on your bill.
- Know how to combat spam texts. In Canada, a new anti-spam law covers text messages. Learn more about reporting and fighting spam here. In the US, forward the texts to 7726 (SPAM on most keypads). This will alert your cellphone carrier to block future texts from those numbers.
- Ask your phone carrier about blocking third-party charges. Mobile phone carriers permit outside businesses to place charges on your phone bill, but many carriers also allow you to block these charges for free.

For More Information go to <http://www.consumer.ftc.gov/articles/0183-mystery-phone-charges> to learn more about cramming on the Federal Trade Commission's website To find out more about scams or report one, check out BBB Scam Stopper website <http://www.bbb.org/council/bbb-scam-stopper>. [Source: BBB Scam alert Aug 01, 2014 ++]

Jamaican Lottery Scam ► How It works

Beware of calls from area code (876). The area code is used by scam artists claiming to be representatives of the Jamaican lottery.

How the Scam Works:

- You answer a call from a number starting with area code (876). The caller tells you that you've won the "Mega Millions" Jamaican lottery.
- Don't worry about collecting your winnings from overseas, assures the "lottery official." All you need to do is pay a few thousand dollars in taxes or fees, and the jackpot is yours. The lottery will even take a prepaid debit card, easily available at your neighborhood convenience store. You load the card up with money and share the number and PIN with the "lottery official." Of course, the caller is a scam artist. Once you give him your prepaid debit card information, he will drain the account and disappear.

So many people are falling victim to the con and losing large sums of money that both the Federal Trade Commission site at <http://www.consumer.ftc.gov/blog/did-you-get-call-area-code-876> and the Canadian Anti-Fraud Centre website at https://www.antifraudcentre-centreantifraude.ca/english/Bulletin_2013-

[12. Jamaican Lottery Scams.html](#) issued alerts about the scam. Some victims are even reporting being threatened with physical harm if they don't agree to pay the fees.

Lottery and sweepstakes scams are common. Here are tips to avoid them:

- You can't win a contest you didn't enter. You need to buy a ticket or complete an application to participate in a contest or lottery. Be very careful if you've been selected as a winner for a contest you never entered.
- Verify -- but not by using a source scammers gave you. Check if an offer is real, but don't call the phone number in the email or website you suspect may be a scam. If it is a con, chances are the person on the other line will be involved too.
- Don't pay up to claim your prize. You should never have to pay money or buy products in order to receive a prize. Be especially wary of wiring money or using a prepaid debit card.
- Put your number on a "do not call list." In the US, join the National Do Not Call Registry and in Canada the National Do Not Call List. This won't stop scams entirely, but it can help reduce the number of unwanted calls you receive.

For More Information read the FTC's recent alert and Canadian Anti-Fraud Centre's alert on Jamaican lottery scams. To find out more about scams or report one, check out BBB Scam Stopper at <http://www.bbb.org/council/bbb-scam-stopper> to find out more about scams or report one. [Source: BBB Scam alert Jul 11, 2014 ++]

Tax Burden for Montana Retirees ► As of Sep 2014

Many people planning to retire use the presence or absence of a state income tax as a litmus test for a retirement destination. This is a serious miscalculation since higher sales and property taxes can more than offset the lack of a state income tax. The lack of a state income tax doesn't necessarily ensure a low total tax burden. States raise revenue in many ways including sales taxes, excise taxes, license taxes, income taxes, intangible taxes, property taxes, estate taxes and inheritance taxes. Depending on where you live, you may end up paying all of them or just a few. Following are the taxes you can expect to pay if you retire in **Montana**. Note - This state has a statutory provision for automatic adjustment of tax brackets, personal exemptions or standard deductions to the rate of inflation.

Sales Taxes

State Sales Tax: No general sales tax. A 3% tax on accommodations and campgrounds is added to the 4% tax on rental vehicles.

Gasoline Tax: 46.2 cents/gallon (Includes all taxes)

Diesel Fuel Tax: 53.0 cents/gallon (Includes all taxes)

Cigarette Tax: \$1.70 cents/pack of 20

Personal Income Taxes

Tax Rate Range: - 1%; High – 6.9%

Income Brackets: Seven. Lowest – \$2,600; Highest – \$15,600

Personal Exemptions: Single – \$2,140; Married – \$4,280; Dependents – \$2,140

Additional Exemptions: 65 or older – \$2,040

Standard Deduction: Single – \$4,200, Married filing jointly – \$8,400.

Medical/Dental Deduction: Federal amount

Federal Income Tax Deduction: Full

Retirement Income Taxes: Montana taxes all pension and retirement income received while residing in Montana to the extent it is taxable on the federal return. Tier I and Tier II Railroad Retirement benefits are 100% exempt from Montana income tax. The state allows a pension and annuity income exemption of up to \$3,600 per individual, if certain income limitations are met. Early distributions from an IRA do not qualify for this exemption. Social Security benefits taxable in Montana may be different from what is taxable federally. You will need to complete Worksheet VIII – Taxable Social Security Benefits to determine your Montana taxable social security.

Regarding interest income earned, there is a partial interest exemption for taxpayers age 65 or older. If you are single and age 65 or older at the end of the calendar year, you can exempt up to \$1,600 of the interest income that you reported in your federal adjusted gross income. If you are married and filing a joint return with your spouse and at least one of you is age 65 or older at the end of the calendar year, you can exempt up to \$1,600 of the interest income that you reported in your federal adjusted gross income. If you are married and filing your return separately and are age 65 or older at the end of the calendar year, you can exempt up to \$800 of the interest income that you reported in your federal adjusted gross income. Please note, however, that you are not allowed to exclude interest income earned by and reported by your spouse. For the purpose of this exclusion, when you determine the amount of your interest income, you should consider distributions commonly called dividends on deposits or share accounts as interest. Under no circumstances can you exclude more interest income than what you have reported in your federal adjusted gross income.

Montana taxes some retirement benefits. If you have reported taxable retirement income on the federal income tax return, you may be entitled to a partial exemption of this income. Tier I and Tier II Railroad Retirement benefits are 100% exempt from Montana taxation. Also, if you have received a disability pension, which is identified as a distribution code 3 on your 1099R, you should use the state's disability pension worksheet to determine your deduction instead of the retirement income exclusion.

If you have received retirement income other than Tier II Railroad benefits, you should complete state form W, Worksheet IV in order to determine the amount of your exclusion. Your retirement exclusion is limited to the lesser of your taxable retirement income that you received or \$3,600, as long as your federal adjusted gross income is \$30,000 or less and you are filing a single return, filing jointly with your spouse and only one of you have taxable retirement income, or you are filing as head of household. If both you and your spouse have received retirement income and you are filing jointly with your spouse, and your federal adjusted gross income is \$30,000 or less, you both can exclude the lesser of your taxable retirement income that you receive personally or \$3,600 each for a maximum of \$7,200. If you are filing your income tax return separately on the same form, or on separate forms, the lesser of your retirement income or \$3,600 applies separately to both spouses as long as your separately state federal adjusted gross income is \$30,000 or less.

Retired Military Pay: See above. Survivor benefits are taxed following federal tax rules.

Military Disability Retired Pay: Retirees who entered the military before Sept. 24, 1975, and members receiving disability retirements based on combat injuries or who could receive disability payments from the VA are covered by laws giving disability broad exemption from federal income tax. Most military retired pay based on service-related disabilities also is free from federal income tax, but there is no guarantee of total protection.

VA Disability Dependency and Indemnity Compensation: VA benefits are not taxable because they generally are for disabilities and are not subject to federal or state taxes.

Military SBP/SSBP/RCSBP/RSFPP: Generally subject to state taxes for those states with income tax. Check with state department of revenue office.

Property Taxes

All property (real or personal) is subject to state and local taxes. The assessed valuation of real property is based on 100% of its fair market value, then reduced by a phase-in factor and taxed as a percentage thereof. The state established the tax rate to determine the assessed valuation while local taxing units establish the mill levies to determine the property tax. Personal property is also taxed, the most common being motor vehicles. All residential properties receive a 34% exemption but residents must file for the exemption. Residential property of certain disabled veterans, and the spouses of deceased veterans, is exempt from property taxation. Montana property owners can have their property taxes reduced if they meet certain qualifications. Any homeowner or renter age 62 or over can apply for a credit if they have lived in Montana for 9 months, occupied a residence for 6 months, and had a gross household income of less than \$45,000. For a better understanding of property taxes, refer to <http://ravalli.us/196/Property-Tax>. Refer to <http://revenue.mt.gov/home/property/propertytax-relief.aspx> more information on property tax relief programs,

Inheritance and Estate Taxes

There is no inheritance tax and no estate tax. For more information on these refer to http://revenue.mt.gov/home/individuals/estateinheritance_taxes. For further information, visit the [Montana Department of Revenue](http://mt.gov) site. If you are thinking of moving to Montana, refer to <http://mt.gov>

[Source: <http://www.retirementliving.com/taxes-kansas-new-mexico#MONTANA> Sep 2014 ++]

Thrift Savings Plan 2014 ► Share Prices + YTD Gain or Loss

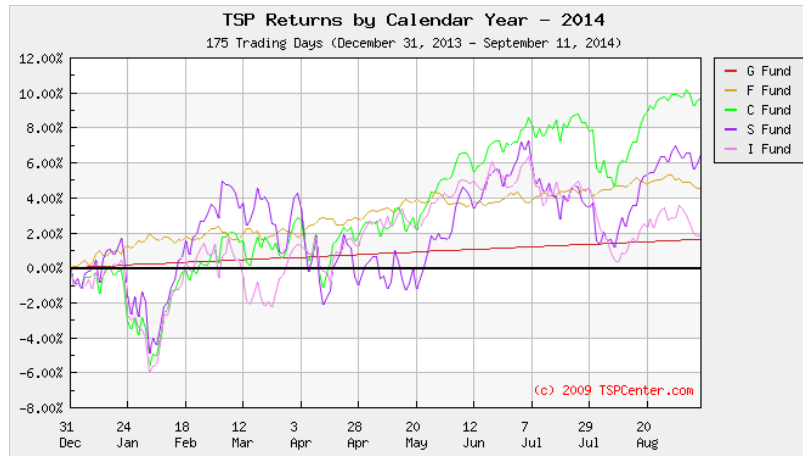
The Thrift Savings Plan continued its momentum in August, with all but one of its funds in the black.

- International stocks dropped 0.14 percent, while common stocks, rose 4.01 percent last month, while the S Fund -- which is invested in small and midsize companies and tracks the Dow Jones Wilshire 4500 Index -- gained 4.98 percent in August. The C Fund has increased 25.34 percent during the last 12 months, while the S Fund rose 22.61 percent in that time.
- TSP's fixed income (F) fund picked up a bit in August after a slow July, gaining 1.12 percent in August, after gaining 5.29 percent in July. The I Fund has increased 16.80 percent in the last 12 months.
- The C and S funds had the best August. The C Fund, 25.34 percent last month. The S Fund has increased 22.61 percent in the last 12 months.
- The lifecycle funds, designed to move investors to less risky portfolios as they near retirement, maintained their growth in August. L Income -- for TSP participants who have already started withdrawing money -- inched up 0.84 percent; L 2020 increased 1.64 percent; L 2030 rose 2.07 percent; L 2040 gained 2.40 percent; and L 2050 increased 2.61 percent. Lifecycle investments all have yielded positive returns for the past 12 months, with L Income gaining 6.48 percent, L 2020 up 12.82 percent, L 2030 increasing 15.73 percent, L 2040 rising 17.82 percent and L 2050 jumping 19.75 percent.
- The plan's investments in government securities also had small gains. The G Fund rose 0.20 percent for the month, and 2.33 percent in the last year.

[Source: GovExec.com | Kellie Lunney | Sep 02, 2014 ++]

TSP Share Prices for Sept. 11, 2014

	Close	YTD
G Fund	\$14.5203	+1.63%
F Fund	\$16.4575	+4.55%
C Fund	\$26.1964	+9.72%
S Fund	\$35.8506	+6.47%
I Fund	\$26.0392	+1.86%
L 2050	\$14.9370	+6.21%
L 2040	\$26.2785	+5.82%
L 2030	\$24.7001	+5.29%
L 2020	\$22.7827	+4.53%
L Income	\$17.3106	+2.94%



[Source: <http://tspcenter.com/tspReturns.php?view=year> Aug 30, 2014 ++]

* General Interest *



Notes of Interest ► 1 thru 15 Sep 2014

- **Homecoming.** Check out this Food City Grocery Store Chain 1-minute commercial. Not a word spoken..... And none needed - http://www.youtube.com/embed/uoABty_zE00?rel=0.
- **VA Workforce.** VA Secretary McDonald at a congressional Senate hearing estimated the VA staff shortage at 28,000 (9.3%) against current staffing of 300,000.
- **CBO.** CBO has launched its YouTube channel (<http://www.youtube.com/uscbo>.) on which will be posted videos of Congressional testimonies, press briefings, and other events involving CBO at

American War Generals ► Reflection on U.S. Failures in Iraq

As the U.S. escalates its campaign against jihadists in Iraq and Syria, a new documentary offered a cautionary tale about putting too much faith in technology and forgetting hard-fought lessons from the past.

“American War Generals,” which aired Sunday 14 SEP at 8 p.m. on the National Geographic Channel, looked at how the U.S. military recovered from its disastrous endeavor in Vietnam, remade itself into an all-volunteer force that focused on fighting conventional wars, and then came close to defeat in Iraq and Afghanistan as it faced a type of enemy it vowed never to fight again. The documentary provided access to many of America’s top current and former commanders, including retired Army Gens. David Petraeus, George Casey, Jack Keane and Stanley McChrystal and Lt. Gen. H.R. McMaster, currently with U.S. Army Training and Doctrine Command.



McChrystal provided the film’s most candid and forthright commentary. The former head of Joint Special Operations Command, who went on to lead all U.S. and coalition troops in Afghanistan, waged a brutal war against al-Qaida in Iraq. Despite the U.S. military’s successes in Iraq after 2006, he calls the invasion a mistake. “Before that war, if we’d looked at the cost — not just in Americans but in Iraqis and others — if we’d looked at the distrust that it created — or loss of trust — around the world for America; I don’t think a rational person would have ever said, ‘Yeah that’s worth it; we’ll do that,’ ” he said. “American War Generals” illustrates how the U.S. military did not train to fight guerrilla wars after Vietnam, preferring instead to prepare to fight large-scale conflicts against well-equipped, traditionally trained adversaries. “Most of my professional life, the Army put Vietnam in the rear-view mirror and focused on this major conventional warfare,” says Petraeus, a past commander of U.S. Central Command who led all coalition forces in Iraq and Afghanistan. “That’s all well and good if that’s what you end up fighting, but if you then end up in small wars, as they’re called — counterinsurgency efforts — you then have to go back to the drawing board and do some serious thinking.”

McMaster, who in 1991 led an armored cavalry troop during the Battle of 73 Easting in the Persian Gulf War, set the stage for the history of the post-Sept. 11 wars by explaining that the U.S. military took away the wrong lessons from that conflict by believing technology had beaten Saddam Hussein’s army. “There are two ways to fight the United States military: Asymmetrically and stupid,” McMaster says. “‘Asymmetrically’ means, you are going to try to avoid our strengths. In the 1991 Gulf War, it’s like we called Saddam’s army out into the school yard and beat up that army.” When the insurgency in Iraq began, the U.S. military refused to accept that it was fighting an unconventional war, McMaster says. “We didn’t have enough forces for what the situation required and we didn’t adapt fast enough, largely because in the beginning of the war in

Iraq, we were in denial,” McMaster said. “We were in denial about it. We wouldn’t even call it an insurgency. We wouldn’t call it an insurgency because it evoked the images of Vietnam.”

The documentary also examined the tension between Casey, who opposed sending more troops into Iraq, and those who advocated for the eventual surge of forces there. Casey led all U.S. troops in Iraq from 2004 to 2007, before he became the Army’s chief of staff. His philosophy differed from that of retired Gen. Jack Keane, who in December 2006 gave President George W. Bush a blunt assessment of the situation. “I told him that we had run out of all options to succeed in Iraq but one,” says Keane, the Army’s former vice chief of staff. “I said ‘There is only one thing that would be decisive and that is to change our strategy and begin to protect the people.’ And I said ‘You have to understand that right now the U.S. military strategy is not designed to defeat the insurgency. And based on his body language, I know he reacted to that statement.’”

Filmmaker Tresha Mabile co-produced “American War Generals” with her husband Peter Bergen. The documentary is the culmination of two years of work. She hopes audiences take away that the U.S. military has to be able to fight different types of wars, she told Military Times on 11 SEP. “War is a human endeavor and technology doesn’t always solve all of the problems,” Mabile said. “I think you heard that a lot from the generals in the film. Having been in war zones, you see that. War is a people venture and you just can’t solve all problems by dropping bombs from the sky.” For Mabile, the most difficult part of making the documentary was selecting which scenes had to be left out to avoid the film running too long, she said. “There was one point where the vice president called General Keane and said, ‘We want you to go to Iraq and implement this strategy,’ and General Keane said ‘I’m retired; it would look like an act of desperation if you called me out of retirement; you need to get this guy Dave Petraeus on the ground and things will be OK,’ ” Mabile said.



Mabile also wishes she had more time to explain how the U.S. military was not trained to fight an insurgency at the start of the Iraq war. She believes Casey gets a “bad rap” for his tenure as commander in Iraq because it took time to retrain the military in counterinsurgency. In “American War Generals,” Casey explains how the death of his father — a two-star general killed in Vietnam — shaped the way he made decisions as an Army commander. “I never made a decision to put forces in harm’s way without thinking of the consequences,” Casey says. Casey also says he feels a connection with each of the more than 2,000 U.S. troops who died under his command during his tenure in Iraq. He still wears a bracelet with the name of a soldier killed in Iraq that was given to him by the soldier’s spouse. “I don’t take it off,” he says. “The cost — the human cost of war is something, as a leader, you can never allow yourself to forget.” [Source: MilitaryTimes | Jeff Schogol | Sept. 11, 2014 ++]

White House Visitors Center ► Reopened 13 SEP

Washingtonians and visitors will have a new museum option available as of 13 SEP with the reopening of the newly refurbished White House Visitors Center. Inside the Malcolm Baldrige room of the Commerce Department Building on Pennsylvania Avenue are nearly 100 artifacts, many never before displayed, according to Stewart McLaurin, president of the White House Historical Association. At no charge, you'll see the telegraph key from which President Lincoln got word of General Robert E. Lee's surrender, the gold eagle finial that was atop the White House for a century, the desk Franklin D. Roosevelt used to deliver fireside chats, and a preserved section of a tree planted by John Quincy Adams. The "contemporary, modern exhibits are highly interactive, and removable for updates," McLaurin said while pointing out the push-button displays on political and family life in the surrounding President's Park. There's also a state-of-the-art theater and rolling film clips on topics such as the first ladies. The 16,000-square foot complex also boasts new energy-efficient lighting.



The original White House Visitors Center opened in 1995 in this same vaulted room that was used as part of the Patent Search room in the 1930s and as headquarters for the Bicentennial celebration in 1976. After the 9/11 terrorist attacks, the National Park Service stopped handing out tickets for the official White House tour (they're now obtainable only through members of Congress and embassies), and so the Visitors Center took on more of an educational mission. To carry out its role in operating the center, the Park Service on 5 SEP named John Stanwich as Park Service liaison to the White House. The \$12.6 million for the renovation, which included a \$5 million endowment, was raised by the private White House Historical Association, which has offices on Lafayette Square. "We in Washington take it for granted," McLaurin said, but the new center "is a way to see things you don't see even if you go to the White House." [Source: GovExe.com | Charles S. Clark | Sept. 10, 2014 ++]

Is Your new Car A Lemon ► About 1% Are | What to do

You purchase a brand-new vehicle to avoid the issues that sometimes accompany older models. With a new car, you know exactly what you're getting into. That's unless your new car is a lemon. It's what the car

industry calls a new vehicle riddled with problems from top to bottom, with no apparent solutions. According to Nolo, an estimated 1 percent of new cars manufactured each year — about 150,000 — are lemons. Fortunately, there are ways to deal with what seems like a never-ending headache. At http://www.moneytalksnews.com/2014/08/14/are-you-driving-a-lemon/?utm_source=newsletter&utm_campaign=email-2014-08-14&utm_medium=email is a short video that you should first look at to get you oriented to resolving the problem.

Lemon Criteria. The car you've been dreaming of is now sitting in your driveway glistening in the sunlight, so you decide to take it for a spin. You get in, push the start button and hit the road. Five minutes into your ride, the electrical system goes haywire and the car shuts down. Infuriated, you take it to the dealership to get it repaired, under warranty and at no cost to you. The following week, the car shuts down again. The malfunctions and emergency service appointments continue unabated. Why can't they figure out how to fix it? It looks like you have a lemon on your hands. Your vehicle is a problem on wheels and practically unsafe on the roadway. According to Daily Finance, vehicles should meet these criteria to be considered under state lemon laws:

- The problem started early on in your ownership of the vehicle.
- You reported this problem promptly to the dealer and it was addressed under your manufacturer's warranty.
- The problem persisted (repeatedly, normally three or more times) after the dealer tried to fix it.
- The problem is causing substantial impairment in the vehicle's use, value or safety.

You can also take the online questionnaire at <http://www.lemonlaw.com/lemon-laws> offered by the law firm of Kimmel & Silverman to see if your car might qualify under the lemon law.

Lemon laws. After months of dissatisfaction, you feel hopeless and are unsure how to proceed. That's when the lemon laws kick in to protect you. For starters, you're entitled to legal representation at no cost to you. Says Daily Finance: Thanks to lemon laws in all 50 states (and Washington, D.C.) you can probably hire a lawyer for free who will arrange for the dealer to buy back your car. If an attorney who specializes in lemon laws loses your case, they don't get paid. If they win, it's the car manufacturer who pays the legal fees. Because the laws vary by state, you should check with your local consumer protection agency to determine how to proceed. It's also important to note that some state laws also cover used vehicles. If your car meets the lemon law requirements for your state, you have the right to obtain a refund or replacement car from the manufacturer. Although the process for getting this relief is different in each state, in all states you must first notify the manufacturer of the defect. If you're not offered a satisfactory settlement, most states require you to go to arbitration before going to court. So, either way, you won't be stuck with a dysfunctional vehicle if your car qualifies.

Breach of warranty claim. If you don't qualify under the lemon laws the Magnuson-Moss Warranty Act may provide some form of relief. According to the Federal Trade Commission: A warranty is a promise, often made by a manufacturer, to stand behind its product or to fix certain defects or malfunctions over a period of time. The warranty pays for any covered repairs or part replacements during the warranty period. If car continues to have issues after multiple repair attempts, the dealership technically isn't holding up its end of the bargain. You should seek legal representation, which is available free of charge. The remedies available to consumers under the federal law are similar to those of state lemon laws. Kimmel & Silverman's website, LemonLaw.com, says: Remedy under state lemon laws and federal warranty laws could include a complete repurchase of the vehicle, including taxes, tags, finance charges, and down payment; an MSRP to

MSRP swap; or significant monetary compensation to reflect the diminished value of the vehicle as a result of the defect plus continued ownership of the vehicle.

What to do if you have a lemon on your hands. USA.gov recommends that you take these steps if you believe your vehicle fits the bill:

- Give the dealer a list of the problems every time you bring it in for repairs.
- Get and keep copies of the repair orders listing the problems, the work done, and the dates the car was in the shop.
- Contact the manufacturer, as well as the dealer, to report the problem. Check your owner's manual or the directory for the auto manufacturers.
- Help other consumers avoid purchasing your lemon by registering it at <http://www.safetyforum.com>.

Here are a few additional resources to help you understand lemon and federal warranty laws:

- Autopedia http://autopedia.com/html/HotLinks_Lemon.html
- BBB <http://www.bbb.org/council/programs-services/dispute-handling-and-resolution/bbb-auto-line/learn-more-about-state-lemon-laws/>
- The Center for Auto Safety <http://www.autosafety.org>

Once you've done your homework and presented your argument to the dealership, promptly seek legal counsel if the dealer refuses to take the problematic vehicle off your hands. [Source: MoneyTalksNews| Allison Martin | Aug 14, 2014 ++]

Coffee Filters Update 01 ► 32 Uses

Coffee filters are for making coffee, but a stack has other clever uses that might surprise you. Made from small particles of superabsorbent disposable paper, the filters are great to have on hand for so many reasons.

- So flavorful. Simmer flavor into soups, stews and sauces without having to dig out stems of herbs by using a coffee filter to make a bouquet garni. Refer to <http://www.popsugar.com/smart-living/Coffee-Filter-Bouquet-Garni-32046084>
- Fresh scent. If you love the smell of an apple pie baking, use a coffee filter to simmer spices, which will have your house smelling amazing in minutes.
- Quick fix. Need a strainer in a pinch? Reach for a coffee filter.
- Soil saver. Keep soil where it belongs by placing a coffee filter at the bottom of pots. It keeps soil from leaking out with the water.
- Happy plates. Place a coffee filter between plates when packing or storing to protect from scratches when stacking.
- Clean your car. Filters are lint-free and so great for cleaning the inside of your car. Just dab the filter with a bit of olive oil, buff your console, and you've got a clean car in no time.
- Pack it up. Crumpled coffee filters make great packing material.
- Oil-free. Because coffee filters are superabsorbent, use them for soaking up oil after frying foods. Simply lay a filter flat on a plate and place your freshly fried goodie on top. Let rest for a minute, and all that excess oil will soak into the filter.
- So steamy. Keep your dumplings from sticking by lining your steamer with a coffee filter. Works great when steaming fish, veggies and other goodies, too.

- Cup of tea. Hankering for a cup of tea? If you're without a tea ball, use a coffee filter for containing loose tea. Or fill the filter with loose tea, orange peels, sliced lemon and fresh mint, and tie together with cotton string for a tasty sun tea.
- Polish helper. Reach for a coffee filter instead of a paper towel for polishing leather shoes and furniture.
- Shine-free. Coffee filters are great at absorbing oil. Cut a filter into small squares and use as a face blotter during your busy day.
- Stop bleeding. No one loves razor nicks, but you can stop bleeding fast by tearing off a small section of a coffee filter and pressing over the cut until the bleeding stops.
- Snack fix. Coffee filters work wonderfully as a portable bowl or snack holder.
- Mess catcher. Cover your food while in the microwave with a coffee filter to contain any potential mess.
- Smell great. Use for making scented sachets that keep things smelling amazing.
- Polish remover. Instead of reaching for cotton balls, use a coffee filter to remove nail polish. Because they're made up of small particles of paper, they have a bit more texture to help take off that polish fast.
- Make homemade dryer sheets. Coffee filters make great dryer sheets. To make refer to <http://www.popsugar.com/smart-living/Homemade-Dryer-Sheets-27044025>.
- Dampen ashes. Toss used coffee filters over ashes in fire pits or fireplaces to dampen ashes and remove the stale smoke smell.
- Get clean. Because they're superdurable, use coffee filters instead of paper towels for making homemade wipes.
- Cute bowl. Get crafty with used coffee filters and DIY this supercute bowl.
- Fresh greens. After rinsing your fresh greens, wrap in a coffee filter before storing in your fridge. They'll keep your fresh stuff nice and crisp.
- Scratch-free pans. Place a coffee filter between your cast iron pans to keep them from scratching and rusting.
- Save your carpet. Uh-oh! Cover a spill with a coffee filter before cleaning; it quickly absorbs the liquid.
- Press leaves. Use a coffee filter instead of sheets of paper when pressing flowers. The filters absorb moisture from the flowers and leaves quicker.
- Soothe eyes. Soak with water and pop in the freezer to use as a cold compress or for depuffing eyes.
- Broken cork fix. No more party foul. Cover the top of the wine bottle with a coffee filter and secure with a rubber band to strain wine from a bottle with a broken cork.
- Bye-bye, bugs. Cover food outdoors with coffee filters to keep the bugs away.
- Camera solution. Stop red-eye and overexposed close-ups and diffuse your camera flash with a coffee filter. Instant soft light!
- No more sticky fingers. Stop sticky fingers and stuck-on paper napkins when eating barbecue and reach for a coffee filter instead. It will absorb the oil from those delicious ribs without sticking to your hands.
- Pulp-free. Use a coffee filter to make fresh orange juice that's free of seeds. Wrap a filter around the orange, twist the top and squeeze. It works with lemons, too.
- Shining windows. Because coffee filters are lint-free, reach for one instead of a paper towel when cleaning windows.

[Source: Pop Sugar | Sarah Lipoff | Sep 02, 2014 ++]

Photos That Say it All ► 2nd Lt. James Cathey Coming Home



Retirement Planning Update 08 ► Retirement Myths and Realities 2

We all have some preconceived notions about what retirement will be like. But how do those notions compare with the reality of retirement? Here are four common retirement myths to consider.



1. **My retirement won't last that long.** The good news is that we're living longer lives. The bad news is that this generally translates into a longer period of time that you'll need your retirement income to last. Life expectancy for individuals who reach age 65 has been steadily increasing. According to the National Center for Health Statistics, life expectancy for older individuals improved mainly in the latter half of the 20th century, due largely to advances in medicine, better access to health care, and healthier lifestyles. Someone reaching age 65 in 1950 could expect to live approximately 14 years longer (until about age 79), while the average 65-year-old American today can expect to live about another 19 years (to age 84) (Source: National Vital Statistics Report, Volume 61, Number 4, May 2013). So when considering how much retirement income you'll need, it's not unreasonable to plan for a retirement that will last for 25 years or more.

2. **I'll spend less money after I retire.** Consider this--Do you spend more money on days you're working or on days you're not working? One of the biggest retirement planning mistakes you can make is to underestimate the amount you'll spend in retirement. One often hears that you'll need 70% to 80% of your preretirement income after you retire. However, depending on your lifestyle and individual circumstances, it's not inconceivable that you may need to replace 100% or more of your preretirement income. In order to estimate how much you'll need to accumulate, you need to estimate the expenses you're likely to incur in retirement. Do you intend to travel? Will your mortgage be paid off? Might you have significant health-care expenses not covered by insurance or Medicare? Try thinking about your current expenses and how they might change between now and the time you retire.

3. **Medicare will pay all my medical bills.** You may presume that when you reach age 65, Medicare will cover most health-care costs. But Medicare doesn't cover everything. Examples of services generally not covered by traditional Medicare include most chiropractic, dental, and vision care. And don't forget the cost of long-term care--Medicare doesn't pay for custodial (nonskilled) long-term care services, and Medicaid pays only if you and your spouse meet certain income and asset criteria. Without proper planning, health-care costs can sap retirement income in a hurry, leaving you financially strapped. Plus there's the cost of the Medicare coverage itself. While Medicare Part A (hospital insurance) is free for most Americans, you'll pay at least \$104.90 each month in 2014 if you choose Medicare Part B (medical insurance), plus an average of \$31 per month if you also want Medicare Part D (prescription coverage). In addition, there are co-pays and deductibles to consider--unless you pay an additional premium for a Medigap policy that covers all or some of those out-of-pocket expenses. (As an alternative to traditional Medicare, you can enroll in a Medicare Advantage (Part C) managed care plan; costs and coverages vary.)

4. **I'll use my newfound leisure hours to _____ (fill in the blank).** According to the Bureau of Labor Statistics 2012 American Time Use Survey, retirees age 65 and older spent an average of 8 hours per day in leisure activities. (Leisure activities include sports, reading, watching television, socializing, relaxing and thinking, playing cards, using the computer, and attending arts, entertainment, and cultural events.) This compares to an average of 5.4 hours per day for those age 65 and older who were still working. So how did retirees use their additional 2.6 hours of leisure time? Well, they spent most of it (1.6 hours) watching television. In fact, according to the survey, retirees actually spent 4.5 of their total 8 leisure hours per day watching TV. And despite the fact that many workers cite a desire to travel when they retire, retirees actually spent only 18 more minutes, on average, per day than their working counterparts engaged in "other leisure activities," which includes travel.

[Source: Navy Federal Brokerage Services | Jonathan Sweeney | Aug2014 ++]

ENERGY

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BUY U.S. WAR BONDS AND STAMPS



Normandy Then & Now ► Juno Beach at Saint-Aubin sur Mer



A crashed U.S. fighter plane on the waterfront some time after Canadian forces came ashore on a Juno Beach D-Day landing zone in Saint-Aubin-sur-Mer, France, in June 1944. View of the same location on August 23, 2013 showing tourists enjoying the sunshine on the same stretch of beach.

Have You Heard? ► Last Nickel

A father walks into a restaurant with his young son. He gives the young boy 3 nickels to play with to keep him occupied.

Suddenly, the boy starts choking, going blue in the face. The father realizes the boy has swallowed the nickels and starts slapping him on the back. The boy coughs up 2 of the nickels, but keeps choking. Looking at his son, the father is panicking, shouting for help.

A well-dressed, attractive, and serious looking woman in a blue business suit is sitting at the coffee bar reading a newspaper and sipping a cup of coffee. At the sound of the commotion, she looks up, puts her coffee cup down, neatly folds the newspaper and places it on it on the counter, gets up from her seat and makes her way, unhurried, across the restaurant.

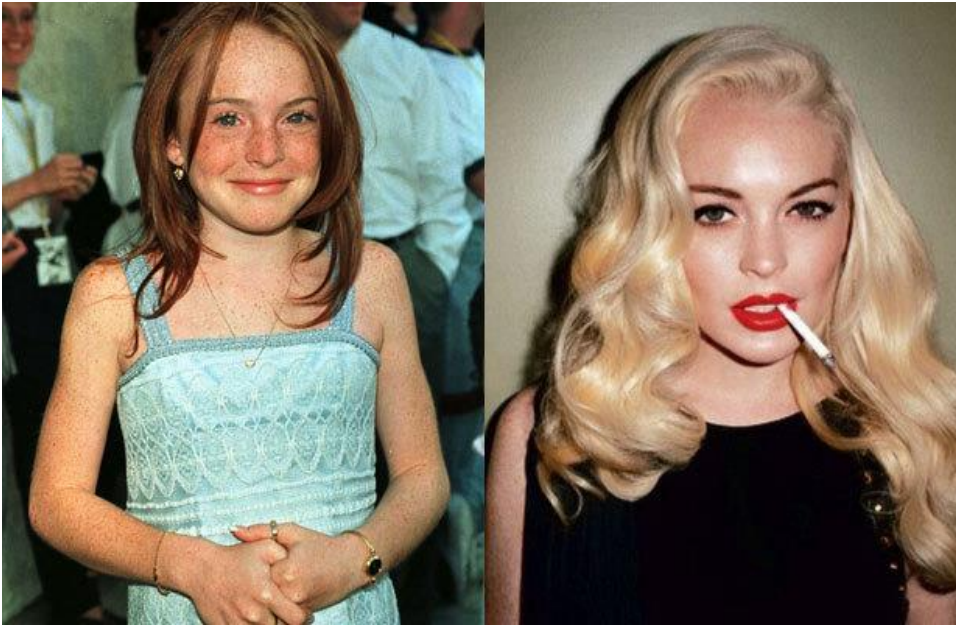
Reaching the boy, the woman carefully drops his pants; takes hold of the boy's testicles and starts to squeeze and twist, gently at first and then ever so firmly. After a few seconds the boy convulses violently and coughs up the last nickel, which the woman deftly catches in her free hand.

Releasing the boy's testicles, the woman hands the nickel to the father and walks back to her seat at the coffee bar without saying a word.

As soon as he is sure that his son has suffered no ill effects, the father rushes over to the woman and starts thanking her saying, "I've never seen anybody do anything like that before, it was fantastic. Are you a doctor? "

"No," the woman replied, "*I'm with the Internal Revenue Service.*"

They Grew Up to Be? ► Lindsay Lohan (Parent Trap)



Interesting Ideas ► Out of diapers?



“Ancient Rome declined because it had a Senate; now what's going to happen to us with both a Senate and a House ?”

— **Will Rogers** (1879 –1935) American Comedic actor, Columnist, and Radio personality

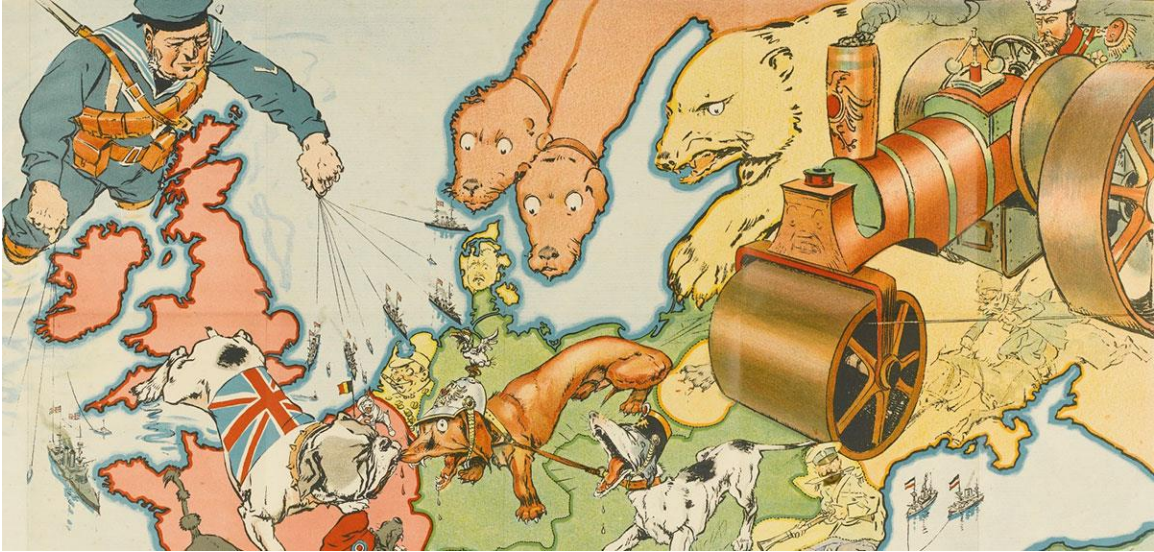




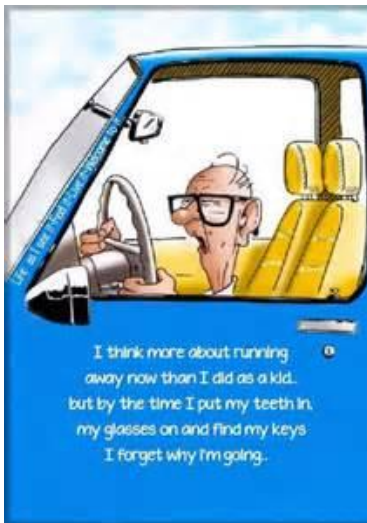
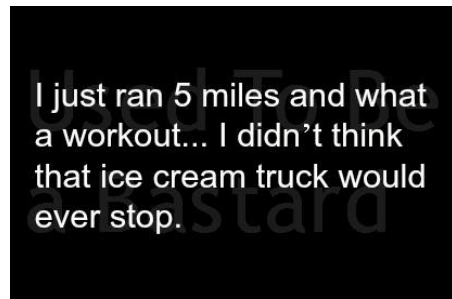
Sept. 11, 2001



First Navy Jack adopted September 11, 2002. It is flown from the jackstaff (ship’s bow) from 08:00 to sunset while U.S. Navy ships are moored or at anchor. It is required to be the same size as the union of the ensign being flown from the stern of the ship. It is also flown from the yardarm during a general court-martial or court of inquiry. During times when the ensign is at half mast, the jack is also at half mast. The jack is hoisted smartly and lowered ceremoniously in the same manner as the ensign, however the jack is not dipped when the ensign is dipped



World War I Caricature



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Lt. James "EMO" Tichacek, USN (Ret)

Editor/Publisher RAO Bulletin

RAO Baguio, PSC 517 Box RCB, FPO AP 96517

Tel: (951) 238-1246 in U.S. or Cell: 0915-361-3503 in the Philippines.

Email: raoemo@sbcglobal.net

Bulletin Web Access: <http://www.nhc-ul.com/rao.html>, <http://www.veteransresources.org>, or <http://frabr245.org>

Office: Red Lion, 92 Glen Luna, cnr Leonard Rd & Brent Rd., Baguio City, 2400 Philippines

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