

The WARRIOR

VVA San Jacinto Chapter 343 Newsletter

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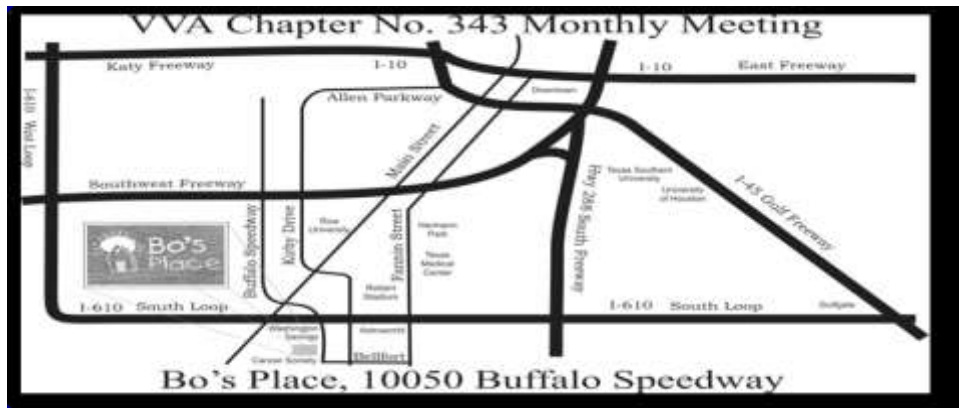
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***As the years roll by, some memories may fade and
life goes on, but we have not forgotten our
Brothers and Sisters...***



The WARRIOR is published monthly by Vietnam Veterans of America San Jacinto Chapter No. 343, Inc. The content of this newsletter is solely the responsibility of the Editor. Opinions expressed are not necessarily those of the Chapter, its Officers, Directors, Membership or Vietnam Veterans of America, Inc. Address correspondence and changes of address to: VVA Chapter No. 343, C/O Editor Bill Meeks, Jr., P.O. Box 310306, Houston, Texas 77231.

Get Involved Today...By Attending the VVA Chapter No. 343's June 13th Meeting on Friday Night 7:30 PM at Bo's Place.....



Good Members of VVA Chapter 343:

Our standing with the Randall's Good Neighbor Program has been reinstated, making us available as a charity to receive cash rewards. That is some really good news and hopefully will have a positive effect on our chapter's bank account. Remember that these cash rewards are based on shoppers spending money at Randalls and having our chapter pre-establish to be a recipient of them.

To do that, what we need from each of our members is to do the following:

- 1. check your personal Randalls account and ensure that 1610 (Chapter 343's GNP #) is setup.*
- 2. in 1610 is not setup as a charity on your Randalls card, fill out the attached form and take to your nearest Randalls store and turn in at the Services desk.*

SPECIAL NOTICE: If you are a veteran in emotional crisis and need help RIGHT NOW, call this toll-free number 1-800-273-8255, available 24/7, and tell them you are a veteran. All calls are confidential.



VVA Delivers Recommendations.....

VVA President John Rowan & VVA Government Affairs Department

IMMEDIATE ACTION RECOMMENDATIONS

The shortage of clinicians, which leads to “gaming the scheduling system,” is not unique to the Phoenix VAMC, nor is it confined to another 26 VA Medical Centers (VAMC), as recent news reports indicate. It is, in fact, the case at most all Veterans Health Administration’s (VHA) service-delivery point, including at the VAMCs, the satellite Community Based Outreach Clinics (CBOCs), and the free-standing Outpatient Clinics (OPC).

The fear of not meeting performance measures has fomented an environment of “shady” reporting. Manipulating the scheduling system is a ploy that appeases VA leadership and congressional inquiries, while keeping local VAMCs eligible for monetary “rewards.”

The current system of performance measures needs to be reviewed and reformed so that accurate data is generated. It is only through truth in reporting that problems areas can be identified, thus allowing for timely, corrective actions by those charged with caring for our nation’s veterans.

Performance reviews ought to be based on such data that tracks the outcomes of actions taken. This may be the real road to performance reviews. Without truth, there will be no faith in the system, and the system will ultimately disintegrate.

VVA recommends the following corrective actions:

SERVICE PROVISION

- *That the President mobilize Reserve and National Guard units, as well as FEMA medical services, to supplement the uniformed units, to serve, for the next 30 to 90 days, as screening/triage units for all veterans currently on waiting lists at all VA Medical facilities. All veterans found to have urgent medical conditions are to be seen by a qualified VA clinician within three days of their screening. If the VA facility is unable to see the veteran within three days, the VA staff must arrange--and pay for--immediate care outside of the VA. Veterans not found in need of urgent care, who cannot be seen by the VA within 21 days, shall be assisted by VA staff to access an outside clinician under the VA “fee-for-services” program.*
- *That all VAMCs establish special screening units, making them operational within 90 days, so the military medical units and the FEMA units performing the initial screening can stand down. These units should screen **ALL** veterans who are waiting for initial care (not just those who are already service-connected, compensable veterans) to test for the leading causes of morbidity/mortality among veterans in the VHA system. These screenings would include, but not be limited to, mental health (i.e., suicide); heart disease; hepatitis (particularly Hepatitis C); lung cancer; prostate cancer; bladder cancer; colorectal cancer; leukemia; skin cancer; and all other leading killers of veterans. Those who test positive for any of these conditions would be seen by a VA*

clinician within 3 days. If the VA staffing is insufficient to meet any such urgent need, the VA staff would assist the veteran in securing the immediate services of an outside clinician.

- That all VHA staff with clinical credentials and training, who are not currently in direct-services provider positions, are to be reassigned to serve a minimum of 4 days per week in provision of direct clinical care.
- That all VHA administrative staff--including those on VISN staff with non-clinical credentials--are to be redeployed to work directly with clinical care providers to assist with the delivery of direct clinical care to alleviate the administrative load on clinicians. Administrative staff duties would include assisting those veterans, who cannot be seen by a VA clinician, in securing timely care through the use of the fee-for-service program with a private provider.
- That all veterans' military history is programmed into the veteran's permanent VistA electronic health record, to include: branch of service; time and location of where the veteran served; and the veteran's MOS. This information would be keyed to electronic clinical reminders to the VA providers of care who see such veteran. For reference, see: <http://www.va.gov/OAA/pocketcard/> and: <http://www.publichealth.va.gov/exposures/providers/index.asp>
- That by January 2015, the VA would expand, to a national scale, the "Grow Our Own" program to train clinicians and allied health-care professionals, as well as physicians and other health-care practitioners. These veterans would be required to work for VA for two years in exchange for every year of education provided by VA (or pay back the cost of their education).
- That a mandate is issued requiring that every VA clinician enroll and complete the Continuing Medical Education (CME) courses regarding medical conditions which may affect veterans as a result of exposures or incidents in their military service, to include: CME courses on parasites; cold injuries; toxic exposures; and caring for combat wounds. The VA clinician's completion of CME courses is to be tracked and considered in the clinician's annual evaluation.

PLANNING & REVIEW

- That the President and the Secretary of Veterans Affairs convene a "Clinical Care Crisis Resolution Commission" (CCCRC) and name members drawn from a pool of former VA Secretaries and Deputy Secretaries, former Secretaries of Under Secretaries for HHS, as well as other clinical experts from elected or appointed offices, in addition to leading experts from private or public hospital systems and private insurance systems. At least two representatives would be selected from the VSO/MSO communities to serve on the CCCRC.
- That the first meeting be held on or before June 6, 2014. The CCCRC would have a life of 90 to 120 days. The preliminary/interim findings and any recommendations would be issued within 30 days, and updates would be provided subsequently at 30-day intervals. The CCCRC would be afforded the resources to hire a limited number of staff to review and synthesize past findings (since 1998) of all panels and commissions regarding veterans' benefits and health care, as background for the panel. We suspect that these will assist in speeding the work of the panel.
- That, after the preliminary redeployment of resources, the VHA would work closely with the CCCRC to estimate the true clinical needs of each facility, based on the demographics of the population served at that facility, as well as the changing needs of that population within the system.
- That a formula is developed that takes into account the wounds, illnesses, maladies, diseases, and adverse medical conditions or risks that result from military service. That the "Millman formula" be discarded, because it will **always** underestimate clinical needs of veterans at a geometrically accelerating pace over a series of years.

The Millman formula is a civilian formula that does not account for the special health-care needs of military veterans.

FINANCES

- *That an immediate, emergency supplemental appropriation of “two year” money be allocated, in the minimum amount of \$2.5 billion, to be used solely for direct clinical care. The bulk of these funds would go toward hiring, on a permanent basis, additional clinical services providers. Funds would also be used to cover fee-basis services, until such time as the VAMCs have achieved sufficient permanent capacity to deliver such needed care in a timely fashion.*
- *That an emergency supplemental appropriation of “two-year” money in the amount of \$500 million be allocated for the use of the immediate reconfiguring of unused space at VAMCs for delivering care, or for the construction of temporary buildings at facilities where additional care could be provided, were the space available.*
- *That cooperation to assist in meeting this crisis is sought from the leadership of Congress on both sides of the aisle, as well as Congressional authorizers and appropriators on both sides of the aisle.*

ADMINISTRATIVE & PERSONNEL ACCOUNTABILITY

- *That Congress be requested to assign the relevant division of the General Accountability Office (GAO), under Ms. Deborah Draper, to work with the CCRC and the VA Medical Review teams to conduct a study on how best to significantly reduce the number of “middle-management” layers of VA bureaucracy, so that more resources are available for the provision of direct clinical care.*
- *That the current “policy” chain of command and the “operations” chain of command be consolidated in both VHA and in the Veterans Benefits Administrations’ Compensation & Pension Service. The need is for more direct-service providers, rather than administrators who “pass the buck” between those sections/divisions responsible for a veterans’ clinical care or treatment program.*
- *That the United States Attorney General direct the U.S. Attorney for the District of Arizona to avail the VA Inspector General additional investigatory personnel required for the current, ongoing investigation at the Phoenix VA. That all criminal conduct occurring at a VHA facility be prosecuted to the fullest extent of the law. That all managers and supervisors involved in “gaming the system” at the Phoenix VAMC, and at any of the other 150 VA Medical Centers, endure the full administrative punishment due, including their immediate termination in instances where abuses are proven but do not meet a level necessary for criminal prosecution.*
- *That the job descriptions of all managers and supervisors in the VA system be amended, and the “elements and standards” for evaluation be amended, so that the first item appearing in all job descriptions--and the standards on which managers and supervisors will be evaluated each year--is the “honesty clause,” outlining the consequences of lying or otherwise misrepresenting the truth, and for allowing false representation in any statements, reports, and systems. Those who fail to comply with the honesty clause will be subject to immediate suspension without pay, and procedures will be initiated for separation for cause.*
- *That any manager or supervisor who initiates or performs an act of retaliation against a VA employee who shares the truth with anyone outside of the VAMC, CBOC, OPC, or VA, shall be subject to immediate suspension, followed by proceedings for separation from employment, to include possible loss of retirement benefits.*
- *That all VAMCs meet on a monthly basis with local representatives of the major Veterans Service Organizations (VSOs) to discuss policies, staffing levels, funding streams, and other challenges or problems interfering with the delivery of care, in an effort to foster better communication and cooperation. These monthly meetings would involve no more than 10 or 12 veteran/military service representatives (VSO/MSO).*

- *That each VAMC would convene—on a quarterly basis initially, and later, at minimum, once per year--a mass briefing/town hall open to all veterans. VSOs/MSOs would provide input and have final review of the agenda for these constituent group meetings.*
- *That each VAMC have an OMBUDSMAN, who is also a veteran. The Ombudsman would have reporting responsibilities to the Director and to the Chief of Staff of the hospital, as well as to the Inspector General and would also have access to the Secretary of Veterans Affairs.*
- *That the existing whistle-blower protections be strengthened within the Office of the Inspector General, allowing for appropriate staffing and resources to more effectively investigate whistle-blower complaints.*

SUPPORT

- *That the cooperation of labor organizations is sought and secured during this immediate crisis, to include, but not be limited to, the Veterans' Councils of AFGE, SEIU, UAW, and any other labor organization representing VA employees. This would also include securing the cooperation of the Veterans Committee of the AFL-CIO, whose leadership would facilitate the expeditious reorganization needed within the VA system.*
- *That cooperation is sought from the medical schools and universities, as well as the major clinical specialty societies and disease advocacy groups, in assisting in the recruitment and retention of clinicians to work at VA, so that the staffing needs are, and continue to be, ample to meet capacity.*
- *That cooperation and assistance is sought from nongovernmental organizations, such as the local chambers of congress; small business groups; associations like the Masons, the Elks, Kiwanis, the Rotary Clubs; and faith-based service groups. Many of these organizations are already helping veterans in their communities, and they would be willing to do much more if their assistance was formally requested.*

VVA Texas State Council Scholarship's 1st Place Essay

By Stormi Champion – Granddaughter of Bill & Suzie Meeks



The Gulf of Tonkin Incident

At the end of World War II the United States became very obsessed with stopping the Chinese communists and the Soviet Union from spreading their communist domination throughout the world. That effort by the United States soon spread against other communist countries such as North Korea whose aggressive actions would lead to the Korean War and U.S. involvement. Other U.S. Allies such as France were involved in the reoccupation of Indochina against the wishes of the North Vietnamese, that action by the French led to the Indochina War and indirectly more U.S. involvement. There were few Americans in the early sixties who actually knew where Southeast Asia was located at (other than most of the U.S. Politicians, certain federal employees of the Central Intelligence Agency (CIA)

and select members of the Armed Forces) and the Gulf of Tonkin was just a body of water off the coast of Vietnam on a map and hardly thought of at that point in time as the start of the longest war in the history of the United States.

Both Governments (United States & North Vietnam) had considerable interests in South Vietnam that caused the escalation of military action in Southeast Asia which led to the Gulf of Tonkin incident. Their interests were more than just raw materials (oil, rubber, etc.) available and these interests contributed to the open warfare between the two countries. The CIA used Laotian fighter-bombers piloted by Thai mercenaries to provide support air strikes against North Vietnamese. The United States involvement was done by providing financial support to undermine the Geneva Accords (1954) which the United States refused to sign and provide intelligence patrols which would aid the coastal attacks against North Vietnam. The U.S. Defense Department got control in 1964 under the Vietnam Studies and Observations Group (SOG). There were secret or hidden routine missions being conducted against North Vietnamese bases called Operation Plan 34-Alpha and the United States supported military involvement long before deploying conventional forces and open warfare against North Vietnam.

The Geneva Accords were signed with the intent to split the Vietnamese from the French and bring about future elections in Vietnam without involvement by other countries. The North Vietnamese were not just innocent by-standers and they had their hands involved with the start of fighting in Southeast Asia by supporting the National Front for the Liberation of South Vietnam (Vietminh or Viet Cong) to overthrow the South Vietnamese government of President Ngo Dinh Diem. The Vietminh's political interference and religious convictions between the Buddhists and Catholic supporters contributed to President Diem's assassination in 1963. There were fast patrol boats purchased from Norway by the U.S. government and secretly given to the South Vietnamese Navy for the coastal missions. The entire Southeast Asia region looked just like an enormous powder keg just sitting there waiting to go off at any time or moment and the U.S. and Hanoi were eager to take advantage of the situation after the explosion.

So the Gulf of Tonkin incident became the alleged spark that ignited the United States' military escalation in Southeast Asia and the Vietnam War. Captain George Stephen Morrison was in command of local American forces from his flagship USS Bon Homme Richard, Jim Morrison the lead singer of the popular singing group the Doors was his son and the younger Morrison was against the Vietnam War. The USS Maddox was under orders not to enter any closer than 8 miles from the North Vietnam coast and the North Vietnamese had the ship under close watch since July 31, 1964. There are conflicting dates of the actual battle and there were three (3) North Vietnamese Navy (NVN) torpedo boats attacking the destroyer USS Maddox which was supported by the aircraft carrier USS Ticonderoga and this attack happened on August 2, 1964 by internal documents of the National Security Agency (NSA). There was speculation by North Vietnam that the U.S. Navy had violated the North Vietnamese coastal waters and the U.S. countered that the ships were in international waters.

There were witnesses (both enlisted and officers) of the sea battle who reported certain events that took place during the battle. One witness was Squadron Commander James Stockdale (later a Vietnam P.O.W.) who was ordered by his superiors

to keep his mouth shut about certain details of what he saw during the incident. The report on the sea battle of the Gulf of Tonkin on August 4, 1964 is still haunted by the false radar images which were called the "Tonkin Ghosts" and the second incident was viewed by others in the U.S. military as false reporting and that there were no North Vietnamese Navy (NVN) torpedo boats present that night. The USS Maddox and USS Turner Joy showed a large amount of firepower during the second incident and the air strikes did damage to the patrol boats. To the American public the incidents portrayed North Vietnam as the aggressor and the United States merely defending itself in the Gulf of Tonkin. The start of a public relations campaign by the U.S. Government had only just begun to justify the impending warfare between the United States and North Vietnam to the American people.

Another fact which would repeat itself during the Vietnam War was the distortion of events by those in leadership positions and the withholding of important information which could have changed the course of action taken by the U.S. and that information might have resulted in the saving of American lives. The USS Maddox opened fire on the patrol boats on August 2, 1964 and that action was not reported by the Johnson administration. The U.S. Defense Secretary Robert McNamara knew there was no attack by the North Vietnamese on August 4, 1964 and failed to inform President Johnson. Under orders from President Johnson the U.S. Navy ships cruised daylight runs near the North Vietnamese waters, these trips were meant to stay in international waters and there were other missions just like this which had taken place without any action other than the registering of complaints by the North Vietnamese. The U.S. Navy ships were sent into the Gulf of Tonkin to gather intelligence to assist the South Vietnamese Navy and the Laotian Air Force.

President Johnson ordered an air strike (Operation Pierce Arrow) on August 5, 1964 on the NVN torpedo boat bases immediately after the incidents and before the Gulf of Tonkin Resolution was approved. President Johnson's statement that America had no desire for war was contrary to secret land and air actions already underway prior to the incident. President Johnson's opinion or others of authority within his administration for the desire that the United States to use military force in Southeast Asia was costly, that opinion would change the lives of thousands of Americans forever and altered the promise or dreams of peace for many Veterans in the years to come. There was one pilot who was killed on the air strike and another pilot Ensign Everett Alvarez, Jr. became the first U.S. Prisoner of War in Vietnam. The incidents would eventually lead to the Gulf of Tonkin Resolution which gave President Johnson authority for the United States to openly do whatever was felt necessary to assist any Southeast Asian country which was threatened by communist forces and the Resolution allowed direct involvement of the U.S. Armed Forces.

The Gulf of Tonkin Resolution was to **"promote the maintenance of international peace and security in Southeast Asia"** and not a formal declaration of war by Congress. There was limited opposition by two Senators to sending the U.S. Armed Forces into combat. Both Senators stated that it was not our war and that America had been falsely drawn into rapid escalation of U.S. military involvement in South Vietnam and warfare against North Vietnam. The Senate vote was 88-2 and the House of Representatives voted 416-0 to approve the Gulf of Tonkin Resolution. Many of these politicians would change their minds about U.S. involvement long before the Vietnam War was over. Their changing opinions would be fueled by the

media coverage of the fighting in Vietnam which was shown on TV every evening in American homes and the overall change of public opinion against America's involvement in the Vietnam War.

The Gulf of Tonkin Incident was the first occurrence of the willingness of the North Vietnamese to take on a far superior fighting force, absorb heavy casualties (4 dead & 6 wounded) and escape to fight another day which would repeat itself numerous times during the Vietnam War. Secretary McNamara's deliberate lying would contribute to the expanding of fighting between the U.S. and Hanoi. The battle report given was another example that the U.S. would report battlefield actions or events based on incorrect facts rather than having proof of what actually took place during the Vietnam War and then follow through by reporting the truth to the American public. The U.S. Government began a pattern of continuous government lies to the news media and would continually under estimate the enemy's capabilities throughout the war and that fault would contribute among other failures to the death of over 50,000 Americans during the Vietnam War.



The Connally Scholarship Program...

The Chapter BOD had two (2) applicants which submitted for grants-in-aid this year for the Connally Scholarship Program: **Stormi Champion** (Bill & Suzie Meeks' granddaughter) and **Emily Bell** (Jim Bell's granddaughter).

Both applicants were awarded \$600 grants-in-aid to continue their academic quest at the college level and the chapter membership wishes them all the best with their educational endeavors.

'Never forgotten' Sgt. Bowe Bergdahl freed from captivity in Afghanistan

By [Chris Carroll](#) Stars and Stripes Published: May 31, 2014

WASHINGTON — Army Sgt. Bowe Bergdahl, captured by the Taliban nearly five years ago and believed the only American soldier held prisoner in Afghanistan, was released Saturday in exchange for five Guantánamo Bay detainees, U.S. officials announced.

Bergdahl, 28, of Hailey, Idaho, went missing in June 2009 in Paktika province of southeastern Afghanistan while serving with a unit of the 25th Infantry Division from Fort Richardson, Alaska. "While Bowe was gone, he was never forgotten," President Barack Obama said Saturday in a statement at the White House Rose Garden delivered alongside Bergdahl's parents. "The United States of America does not ever leave our men and women in uniform behind." The handover took place Saturday evening Afghan time near the border with Pakistan, The Associated Press reported.

Several dozen Army Special Forces troops flew into Afghanistan to attend the handover along with nearly 20 Taliban fighters, a senior defense official traveling in Asia with Defense Secretary Chuck Hagel told AP.

After climbing into a helicopter, Bergdahl, deafened by the noise, wrote a two-letter question asking the identity of the soldiers who had picked him up: "SF?" "Yes, we've been looking for you for a long time," the soldiers replied. Bergdahl broke down at that answer, the official told AP.

Bergdahl was freed following indirect negotiations between the U.S. and the Taliban with the government of Qatar as the intermediary, AP reported. Qatar will take custody of the five Afghan prisoners from Guantanamo. "Sgt. Bergdahl is now under the care of the U.S. military after being handed over by his captors in Afghanistan," Hagel said Saturday in a statement. "We will give him all the support he needs to help him recover from this ordeal, and we are grateful that he will soon be reunited with his family."

A Defense Department official, speaking on condition of anonymity, told Stars and Stripes that the focus was now on helping Bergdahl recover and "there will be time later" to look into how he was captured.

In Idaho, Bergdahl's family thanked those who had worked for their son's release. "We were so joyful and relieved when President Obama called us today to give us the news that Bowe is finally coming home!" the family said in a statement. "We cannot wait to wrap our arms around our only son. We want to thank Bowe's many supporters in Idaho, around the nation and around the world. We thank the emir of Qatar for his efforts. And of course, we want to take this opportunity to thank all those in the many U.S. government agencies who never gave up. Today, we are ecstatic!"

In Hailey, a town of 7,000 residents just down the road from upscale Sun Valley, residents have hung yellow ribbons from trees and utility poles and planted a tree in a local park each year since he was held. Signs reading "Bring Bowe Home" were placed in shop windows.

Officials told AP that the young soldier, who was promoted while in captivity, was taken to Bagram Air Field for evaluation and was being transferred to the U.S. military hospital in Landstuhl, Germany before being moved to the United States. He was believed to have been held along the Afghanistan-Pakistan border by the Haqqani network, an autonomous Taliban faction which operates in both countries. The circumstances of his disappearance remain unclear, with some reports indicating he walked off his base in eastern Afghanistan while others saying he was seized by the Taliban while on patrol.

The Pentagon has repeatedly said that the circumstances of the capture were less important than finding him alive. His disappearance was followed by a massive search of the area, and there have since been a number of "proof of life" contacts. They included letters and videos—the most recent filtering out in January—accompanied by his captors' continued calls for the release of senior Afghan prisoners from the U.S. military's Guantanamo Bay detention facility.

The Pentagon identified the five Guantanamo detainees who were released as:

- *Mohammad Fazl, the Taliban's former deputy defense minister, believed to be connected with mass killings of Shiites prior to the U.S. invasion of the country.*
- *Mullah Norullah Noori, former Taliban governor of the Balkh Province in northern Afghanistan.*
- *Mohammed Nabi, a member of the Taliban leadership in Afghanistan.*
- *Khairullah Khairkhwa, former Taliban governor of the Herat province.*
- *Abdul Haq Wasiq, former Taliban deputy minister of intelligence.*

A senior administration official in a written statement Saturday said that Bergdahl's release has been central to U.S. efforts to bring about reconciliation with the Taliban since May 2011, and that Qatar's assistance had been key. Efforts to secure his release intensified as Obama finalized plans to remove all U.S. forces from Afghanistan by the end of 2016.

“Several weeks ago, an opportunity arose to resume talks on Sgt. Bergdahl, and we seized it,” the administration official said on condition of anonymity. “This was an opportunity that only recently became possible. With the personal commitment of the emir of Qatar, with whom the president spoke on Tuesday, we were thankfully able to obtain Sgt. Bergdahl’s release.”

The five will be subject to restrictions on movement, including a reported ban on leaving Qatar for at least a year. “As the administration has repeatedly affirmed, we will not transfer any detainee from Guantanamo unless the threat the detainee may pose to the United States can be sufficiently mitigated and only when consistent with our humane treatment policy,” the official said.

In a written statement Saturday, senior congressional Republicans welcomed Bergdahl’s release but harshly criticized Obama’s methods. The president’s decision to free the five detainees creates an incentive to kidnap more Americans, wrote Rep. Buck McKeon, R-Calif., House Armed Services Committee chairman, and Sen. James Inhofe, R-Ok., the ranking Republican on the Armed Services Committee.

Additionally, they accused Obama of violating a federal law that requires a 30-day advance notification before the transfer of prisoners. “Our joy at Sergeant Berghdal’s release is tempered by the fact that President Obama chose to ignore the law, not to mention sound policy, to achieve it,” they said. House Intelligence Committee Chairman Mike Rogers, R-Mich., said the swap could threaten the lives of U.S. troops. “I am pleased that Sergeant Bergdahl is free and will be returning to his family in the United States,” Rogers said. “I am extremely troubled, however, that the United States negotiated with terrorists and agreed to swap five senior Taliban leaders who are responsible for the deaths of many Americans. This fundamental shift in US policy signals to terrorists around the world a greater incentive to take US hostages.”

In a statement welcoming Bergdahl’s release, Secretary of State John Kerry said the United States would continue its effort to help knit Afghan society back together after years of war. “As we look to the future in Afghanistan, the United States will continue to support steps that improve the climate for conversations between Afghans about how to end the bloodshed in their country through an Afghan-led reconciliation process,” Kerry said. The United States and its allies are due to cease combat operations in Afghanistan at the end of 2014. Obama said Tuesday nearly 10,000 U.S. troops could remain there if the Afghan president signs a bilateral security agreement guaranteeing legal immunity from the Afghan judicial system for U.S. troops there. A national council of elders approved that plan last year, but Afghan President Hamid Karzai has balked at approving it.

All veterans eligible for VA dental coverage

<http://www.veteranstoday.com/2014/04/14/all-veterans-eligible-for-va-dental-coverage/>

For the first time in history, the U.S. government has authorized a national dental insurance program for veterans enrolled in Veterans Affairs health care and individuals enrolled in VA’s CHAMPVA program. Premium rates will vary depending on your geographic region and the plan option you select. There are three options that are available: basic, enhanced and comprehensive. These plans range from about \$8 for the basic up to about \$27 for comprehensive.

<http://nvf.org/nvf-news/va-offers-dental-insurance-program>

VA is partnering with Delta Dental and MetLife to allow eligible Veterans, plus family members receiving care under the

Civilian Health and Medical Program (CHAMPVA), to purchase affordable dental insurance beginning Nov. 15, VA officials announced today. There are no eligibility limitations based on service-connected disability rating or enrollment priority assignment. People interested in participating may complete an application online through either Delta Dental, <http://www.deltadentalvadip.org/>, or MetLife, [www.metlife.com/vadipbeginning Nov. 15](http://www.metlife.com/vadipbeginning_Nov_15). **Coverage for this new dental insurance will begin Jan. 1, 2014**, and will be available throughout the United States and its territories.

APPLICATION FOR VVA MEMBERSHIP

(Return to: Vietnam Veterans of America San Jacinto Chapter No. 343, P.O. Box 310306, Houston, Texas 77231)

Name _____ **Sex** _____ **Date of Birth** _____

Address _____

City _____ **State** _____ **Zip** _____ **Chapter No. 343**

Home Phone () _____ **Work Phone ()** _____

E-mail _____

Type: ___ Individual member - 1 year @ \$20 ___ Individual member - 3 years @ \$50

Life member: ___ \$200 (ages 56-60) ___ \$175 (ages 61-65) ___ \$150 (ages 66-71) ___ \$100 (ages 72+)

___ Optional Life member time payment plan - \$50 down, \$25/month

___ Incarcerated Veterans (IVI) \$0: TDCJ # _____ or ___ Incarcerated Veteran Associate (IVA) \$7: TDCJ # _____

___ Associate member - 1 year @ \$20

Payment Method: ___ Check ___ Money Order ___ Credit Card (Visa, Master Card, American Express, Discover)

Credit Card Number _____ **Exp. Date** _____

Signature _____

Eligibility: Membership is open to U.S. armed forces veterans who served on active duty (for other than training purposes) in the Republic of Vietnam between February 28, 1961 and May 7, 1975, or in any duty location between August 5, 1964 and May 7, 1975.

New members and new life members must submit a copy of their DD-214 along with this application and dues payment.



The End!