



Federal Update for June 10 - 14, 2013



VA Mental Health Care Update

On 21 MAY the Departments of Veterans Affairs (VA), Defense (DoD) and Health and Human Services (HHS) announced the progress made to date on initiatives called for in President Obama's August 31, 2012, Executive Order to Improve Access to Mental Health Services for Veterans, Service Members, and their families. "We have made strong progress to expand Veterans' access to quality mental health services, and President Obama has challenged us to do even more," said Secretary of Veterans Affairs Eric K. Shinseki. "Our ongoing, joint efforts reflect our commitment to the health and well-being of the men and women who have served the Nation." Secretary of Defense Chuck Hagel said, "One of the great challenges we face as a nation is how to provide quality, accessible, long term, mental health care for service members, veterans and their families. Using the combined resources and expertise from across the government we are advancing services for those who have sacrificed so much for our nation."

President Obama's Executive Order directed VA, DoD, and HHS, in coordination with other federal agencies, to take a number of steps to ensure that Veterans, Service Members, and their families receive the mental health services and support they need. "There's no more important work than taking care of those who protect our nation," said Health and Human Services Secretary Kathleen Sebelius. "By working together, we can make sure our service men and women, our veterans, and their families have the behavioral health services they need to build healthy and fulfilling lives." The Departments has released its Interagency Task Force on Military and Veterans Mental Health interim report available at http://www.whitehouse.gov/sites/default/files/uploads/2013_interim_report_o_the_interagency_task_force_on_military_and_veterans_mental_health.pdf. It outlines progress to date on this initiative, including:

- Increasing the capacity of the Veterans Crisis Line by 50 percent to help ensure that Veterans in crisis can readily reach help.
- Establishing 15 pilot projects in seven states where VA is working with community-based mental health providers to help Veterans access mental health services in a timely way.
- Increasing VA mental health services capacity through VA hiring of nearly 1,400 mental health providers and 248 new peer specialists.
- Implementing a national suicide prevention campaign to connect Veterans and Service Members to mental health services.

The Departments are actively working on additional deliverables called for in the Executive Order, including the development of a National Research Action Plan. Federal Department actions to date include:

Suicide Prevention: VA and DoD jointly developed and are implementing a national suicide prevention campaign to connect Veterans and Service Members to mental health services. This year-long effort began Sep. 1, 2012. The program continues to save lives and link Veterans with effective ongoing mental health services on a daily basis. As of March 2013, the Veterans Crisis Line (1-800-273-8255, press 1) has received over 814,000 calls, over 94,000 chats, as well as over 7,200 texts, and has helped more than 28,000 Veterans in imminent danger. VA has also completed the hiring and training of additional staff to increase the capacity of the Veterans Crisis Line that was called for in the Executive Order. In addition, the DoD has initiated a thorough review of its mental health and substance abuse prevention, education and outreach programs informed by the expertise of the Department of Health and Human Services' Substance Abuse and Mental Health Services Administration.

Enhanced Partnerships between the VA and Community Providers: VA worked with HHS to help identify potential local community resources to improve Veterans access to mental health services. VA has enhanced access to mental health care by establishing 15 VA pilot agreements with clinics in local communities to improve access to mental health service.

Expanded VA Mental Health Staffing: As of May 7, 2013, VA has hired a total of 1,360 mental health clinical providers towards the goal of 1,600 new mental

health professionals outlined in the Executive Order. Additionally, VA has hired 2,036 mental health clinical providers to fill existing vacancies. VA has also hired nearly 250 new peer specialists in support of the specific goal of 800 peer specialists outlined in the Executive Order. The interim report indicated that as of Jan. 29, 2013, VA had hired 1,058 mental health clinical providers in support of the specific goal of 1,600 mental health professionals, and over 100 peer specialists in support of the specific goal of 800 peer specialists.

Improved Research and Development: The development of a National Research Action Plan to better understand and develop treatments for post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), and co-occurring conditions; and identify strategies to support collaborative research efforts to address suicide prevention is underway. VA, DoD and HHS and the Department of Education have collaborated and submitted the plan on time. DoD and VA are investing more than \$100 million in new research to improve diagnosis and treatment of traumatic brain injury (mTBI) and post-traumatic stress disorder (PTSD). They have launched two initiatives to establish joint DoD/VA research consortia with academia and industry partnerships to study the chronic effects of mild TBI and PTSD.

Working together, the Departments will continue to expand the public health approach to providing optimal support for the mental health needs of Veterans, Service Members and their families. They also will continue to provide updates on their work as it progresses. [Source: VA News Release 21 May 2013 ++]

VA Claims for Older Vets

Vietnam veteran John Otte did his best to forget the war. He got married, raised two sons and made a career working at credit unions. But as Otte neared retirement, memories of combat flooded back. Starting in 2005, he filed a series of claims with the Department of Veterans Affairs for disability compensation, contending that many of his health problems stemmed from the war. The VA agreed, and now the 65-year-old with two Purple Hearts receives \$1,900 a month for post-traumatic stress disorder and diabetes — and for having shrapnel scars on his arms. His payments will rise to about \$3,000 if the VA approves a petition to declare him completely disabled and unemployable. Otte is among hundreds of thousands of veterans from the Vietnam era filing for claims four decades after

the war. They account for the largest share of the 865,000 veterans stuck in a growing and widely denounced backlog of compensation claims — about 37%. The post-9/11 wars in Afghanistan and Iraq account for 20%. The remainder is from the 1991 Gulf War, Korea, World War II and times of peace.

Basic demographics explain some of the filing frenzy. Vietnam veterans are becoming senior citizens and more prone to health problems. Any condition they can link to their military service could qualify for monthly payments — and for many illnesses, it is easier for Vietnam veterans than other former troops to establish those links. Heart disease, Type 2 diabetes and several other illnesses common in older Americans are presumed to be service-related for Vietnam veterans because the government determined that anyone who served on the ground was likely to have been exposed to Agent Orange. The herbicide is known to increase the risk of those conditions. At the same time, changing attitudes toward mental health care mean that veterans suffering from PTSD and other psychiatric conditions now are more willing to come forward. The uncertainties of older age — and possibly the decade-long spectacle of the current wars — may be triggering relapses of PTSD among some veterans.

Linda Bilmes, a public policy professor at Harvard University, said the filings are a cautionary lesson. “Wars have a long tail,” she said. “The peak year for disability claims from Vietnam has not been reached yet.” By comparison, payments to veterans of World War I, which ended in 1918, were highest in 1969. Bilmes said the peak for the wars in Afghanistan and Iraq is likely to occur around 2050. VA statistics show that annual compensation to veterans from the Vietnam era more than doubled between 2003 and 2012, reaching \$19.7 billion of the \$44.4 billion total paid to veterans that year. Of the roughly 320,000 Vietnam veterans in the backlog, about 40% are making claims for the first time. The rest already receive some compensation. Veterans who are denied can appeal, and those who already are being compensated can seek to increase their payments as existing conditions worsen or new ones emerge. In recent years, veterans have had an easier time winning disability pay for several illnesses. In 1991, Congress enacted a law guaranteeing compensation to any veteran who served on the ground in Vietnam and went on to develop certain types of cancer or a skin condition known as chloracne — diseases linked to Agent Orange exposure. As more scientific evidence has emerged, the VA has added 11 new conditions to the Agent Orange list, including Type 2 diabetes, prostate cancer and ischemic heart disease.

Diabetes has become one of the most common conditions among Vietnam veterans receiving compensation. In the last nine years, the number of cases rose from 135,000 to nearly 323,000 — more than 10% of the service members who went to Vietnam.

Many qualify for multiple ailments. The number being compensated for hearing loss — often tied to not having used ear protection — rose by more than 236,000 since 2003. Over the same period, nearly 184,000 joined the ranks of those being paid for PTSD. Nearly a third were added after 2010, when the VA loosened its requirements so that veterans no longer had to document specific events, such as killings or ambushes, that traumatized them. Having lived under threat qualifies anybody with a current diagnosis. PTSD did not become a formal psychiatric diagnosis until 1980, when the Vietnam War was long over. It was highly stigmatized at the time, but the wars in Afghanistan and Iraq have made it more acceptable for veterans of all eras to seek treatment and compensation. Vietnam War medic Shad Meshad, head of the National Veterans Foundation, said he urges veterans to file claims, telling them: “You’ve suffered for 40 years.” Even for veterans who led productive lives after the war, the psychological trauma can lurk in the background, said John Wilson, a psychologist at Cleveland State University and expert on PTSD and Vietnam veterans. “Many don’t sleep well,” Wilson said. “If they hear a noise at night, they sit in the stairwell with a 9mm to see if somebody is there.”

Otte, the 65-year-old hoping for a full disability rating, said the war left him a changed man — angrier, unable to forge close friendships, wracked with guilt for surviving while many other men in his Army unit were killed. But he managed to live productively, settling in Los Angeles’ Harbor City community. His wife, Benedicta, said he never has told her much about the war, but it is clearly a source of distress. When the family went to see the 1986 Vietnam movie “Platoon,” he had to leave the theater. Sometimes, he wakes her up with cries of “no, no, no” in his sleep, she said. His nightmares started more than a decade ago and grew more frequent over time, he said. In the most common dream, he is under enemy fire but can’t shoot back. His M16 rifle is jammed. A friend advised him to apply for disability compensation and seek care at the VA in Long Beach, where he now attends a group therapy session once a week and undergoes treatment for pain, eye problems and other complications of diabetes. His latest disability filing has been pending since 2010. “I should be at the front of the line,”

he said. “I was a guy walking around in the jungle for a year.” [Source: Los Angeles Times | Alan Zarembo | 18 May 2013 ++]

DoD/VA VLER Update

The House Appropriations Committee has approved \$344 million in development funds for an integrated electronic health record for the U.S. Department of Defense and the U.S. Department of Veterans Affairs, according to a NextGov report. The amount is \$92 million more than the \$252 million the VA requested. The House has specified, however, that the funds would only be granted if they are spent on developing an open-architecture system to be shared by the DOD and VA. The House has also required that the departments submit a budget for an integrated EHR and a timeline for deployment. The DOD and VA first launched the effort to create an integrated EHR in 2009, according to the report. The effort aims at ensuring that all DOD and VA health facilities have service members' and veterans' health information available throughout their lifetime.

Now, after an intensive 30-day review, the Secretary of Defense, Chuck Hagel announced that the Department's best move forward to achieve seamless data transfer between the two medical systems and modernization of current software systems is to purchase a commercial product and not adapt the VA's Vista electronic health record system.

Neither the VA's Vista nor the DoD's equivalent, Alta, are up to the task. “Both the DoD and VA systems are outdated—by choosing a commercial product in DoD, we will incur less risk and acquire a better system,” said the Under Secretary for Acquisition, Technology and Logistics, Frank Kendall. Kendall further stated that compatibility with Vista will be a consideration in the contract competition. Several vendors have indicated they have a Vista-base solution to help achieve transferability goals set by the President. DoD will look at existing plans and capabilities and before moving forward. So when will medical record information be able to transfer seamlessly between the Departments of Defense (DoD) and Veterans Affairs (VA)? At this juncture that is unknown but we can expect at least 1-year to 18-months to have a contract in place for seamless transfer of health care data. [Source: Hospital Review | Anuja Vaidya | 17 May 2013 ++]

DoD Sexual Abuse Update

The U.S. military has now had three men in charge of programs to limit harassment or violence against women accused of similar crimes revolving around harassment and violence against women in the same month. Army Lt. Col. Darin Haas, who ran Fort Campbell's sexual harassment program, turned himself in 15 MAY on "charges of violating an order of protection and stalking. Haas is no longer in charge of the program. On 13 MAY, a sergeant first class serving as coordinator for Fort Hood's sexual assault prevention program was suspended after being accused of "abusive sexual contact." And on 5 MAY, Air Force Lt. Col. Jeffrey Krusinski was arrested and charged with sexual battery in Arlington, Virginia. He was in charge of the Air Force's Sexual Assault Prevention and Response Office and was also removed from that post. Haas' case differs from the other two. Haas and his ex-wife have taken out orders of protection against each other, the AP reports; police said he'd contacted her repeatedly Wednesday night. The news came the same day a bipartisan group of senators proposed changing military law so that commanders do not control cases that involve subordinates if the crime could result in a prison sentence of more than a year. Six hours before the charges against Haas surfaced, the White House announced a late afternoon meeting between President Obama, Secretary of Defense Chuck Hagel, Chairman of the Joint Chiefs Martin Dempsey and other officials "to discuss sexual assault in the military." Having asked his military leaders to "leave no stone unturned" in looking into the problem, Obama said: "I heard directly from all of them that they are ashamed by some of what's happened." [Source: Associated Press Elspeth Reeve | 16 May 2013 ++]

Homeless Vets Update

The Department of Veterans Affairs has announced two new grants to support Secretary Eric K. Shinseki's goal of ending Veterans' homelessness in 2015. Under these new programs, homeless providers can apply for funding to enhance the facilities used to serve homeless Veterans, and acquire vans to facilitate transportation of this population. "Those who have served this Nation as Veterans should never find themselves on the streets, living without care and without hope," said Secretary Shinseki. "Homeless prevention grants provide community partners with the opportunity to help prevent and end homelessness on the local level. This is a crucial tool to get at-risk Veterans and their families on the road to stable, secure lives." Approximately \$22 million in rehabilitation funds will be

available to current operational Grant and Per Diem grantees as part of the effort to increase the useful life of the facilities previously funded under the program.

VA expects current Grant and Per Diem grantees will apply for funding to rehabilitate their current project location and enhance the safety, security and privacy issues associated with the homeless Veteran populations they serve. A maximum of \$250,000 is available per award and the award will not be more than 65 percent of the estimated total cost of the rehabilitation activity. VA has established funding priorities to support its oldest capially funded projects. In addition, approximately \$2 million in funds will be available for current operational Grant and Per Diem grantees to assist in the acquisition of vans in order to facilitate transportation of Veteran participants to medical appointments, employment opportunities in the community, and facilitate grantees' outreach activities. The maximum award for a van will be \$35,000. The amount of the award will not exceed 65 percent of the total cost of the van. Applications for both awards are due to the Grant and Per Diem office by no later than 4 p.m. Eastern time on June 28, 2013. This funding is available under VA's Homeless Providers Grant and Per Diem Program for current operational Grant and Per Diem grantees. The Grant and Per Diem Program provides community-based organizations with funding to develop and operate transitional housing and supportive services for homeless Veterans. The Grant and Per Diem Program has over 15,000 operational transitional housing beds nationwide.

The 2012 Annual Homeless Assessment Report (AHAR) to Congress, prepared by The Department of Housing and Urban Development, estimated there were 62,619 homeless Veterans on a single night in January 2012 in the United States, a 7.2 percent decline since 2011 and a 17.2 percent decline since 2009. The AHAR reports on the extent and nature of homelessness in America. Included in the report is the annual Point-in-Time (PIT) count, which measures the number of homeless persons in the U.S. on a single night in January 2012, including the number of homeless Veterans. [VA News Release 17 May 2013 ++]

TRICARE Prime Update

Military retirees who are losing access to TRICARE Prime in October would be able to stay in that health care plan under a bill introduced 14 MAY in the House. The legislation, sponsored by Rep. John Kline, R-Minn., would allow affected TRICARE

Prime enrollees to make a one-time decision to remain in the more affordable health insurance plan instead of moving to the program's fee-for-service option. The Defense Department is reducing the number of Prime service areas to save money and will automatically switch 171,000 TRICARE Prime beneficiaries to the TRICARE Standard option on Oct. 1. The change affects beneficiaries who live more than 40 miles from a military clinic, hospital or Base Closure and Realignment site -- about 3 percent of the current 5.3 million TRICARE Prime enrollees. The change does not impact active-duty service members and their families.

Kline's bill would allow affected beneficiaries to continue their enrollment in TRICARE Prime "so long as the beneficiary resides in the same ZIP code as the ZIP code in which the beneficiary resided at the time of such election," according to the legislation. They can switch to TRICARE Standard at any time. "Promises made should be promises kept, and the Pentagon should not break faith with our nation's heroes," said Kline, who is a 25-year veteran of the Marine Corps. Also, nearly 4,000 of the affected TRICARE enrollees live in Minnesota. TRICARE has notified beneficiaries of the upcoming change and plans to send a second letter in the summer. Fewer PSAs does not mean enrollees are losing their TRICARE benefit, Dr. Jonathan Woodson, the Pentagon's assistant secretary for health affairs, said in an April statement. Those who live within 100 miles of a remaining PSA might be able to re-enroll in Prime, but the department warned it could increase travel times for primary and specialty care. Defense initially planned to eliminate some PSAs in 2007, but protests and TRICARE contract changes delayed implementation. [Source: GovExec.com | Kellie Lunney | 15 May 2013 ++]

VA Claims Backlog Update

Claims processors within the Veterans Benefits Administration are skeptical than new overtime mandates from Veterans Affairs officials will help solve the department's benefits backlog, but they do believe the extra work will ruin employee morale. Members of VBA Truth -- a group of anonymous claims workers with the stated goal of "raising awareness about what's really going on in this dysfunctional agency" -- said the overtime requirement announced this week shows that VA leaders don't have a well-reasoned plan to end the backlog, and the problem isn't just simply underperforming processors. "We've been forced to work mandatory overtime the last two years, and yet the backlog remains," said

one VBA employee, who wished to remain anonymous for fear of firing. “It burns employees out and creates a feeling of resentment to the agency.”

Earlier this week, department officials announced that all 10,000-plus VA employees who process disability claims will be required to work at least 20 hours overtime each month, between now and Sept. 30. The goal is to help more quickly process the 567,000 compensation pending claims that are “backlogged” — unfinished after more than four months of processing. The average wait for a claim to be completed is almost nine months. Department leaders said the required overtime, amounting to 11 or 12 days for claims employees, would have a “measurable impact” on reaching the department’s goal of eliminating the backlog in 2015. VBA Truth members disputed that. They said similar overtime mandates, in spring 2012 and summer 2011, produced no real progress on the backlog. During the four-month period in 2012, the number of backlog claims remained almost unchanged. During the five-month period in 2011, the backlog numbers rose by about 4 percent. But benefits administration officials say that’s only part of the story. They argue that claims processors saw their work output jump about 12 percent during the extra hours worked 2012. But because the volume of claims entering the system also increased, the result was flat.

Department workers have completed more than 4.1 million claims over the past four years, a record production level for the department. But they also took in 4.6 million claims over the same period, leading to the steadily growing backlog. VA officials have not said how expensive this round and past rounds of mandatory overtime have been. VBA Truth members said they would prefer new hires to more overtime mandates, saying that would provide a permanent solution to the workload problem. But VA spokesman Josh Taylor said that getting new employees fully trained and proficient on the complex claims processing system takes “significant time.” “Hiring employees today will have little effect on the current inventory and backlog,” he said. The overtime, Taylor said, is just one part of a multi-step plan to solve the backlog issue. New technology, new training and new processing procedures implemented in recent months are all designed to clear the tens of thousands of pending claims. But it will mean less free time this summer for embattled claims processors, which irritates the VBA Truth members. “No one we know is happy with this news, even those employees that work overtime on a regular basis,” one group member said [Source: Stars & Stripes | Leo Shane | 17 May 2013 ++]

VA Claims Backlog Update 2

After years of quiet stagnation, the veterans benefits claim backlog has finally caught Congress' attention. On 22 MAY, leaders from the Senate Appropriations committee vowed close oversight of the backlog problem in coming months after a summit earlier in the day that summoned the secretaries of defense and veterans affairs to Capitol Hill. Chairwoman Barbara (D-MD) told reporters that both agencies have been given funding and time to tackle the problem. "Now they have to use it the right way to shrink the backlog," she said. It was a high-profile news conference on an issue the committee hasn't typically dwelled upon in the past. In recent months, a number of congressional panels beyond the veterans-specific committees have begun to weigh in on the claims backlog problem, promising to ensure that returning war heroes get the benefits they deserve. Early in the day, House Minority Leader Nancy Pelosi and a team of fellow Democrats introduced a slate of legislation to deal with the problem. House Speaker John Boehner has addressed the issue on several occasions in recent weeks, along with other members typically not heavily involved in veterans issues.

Wednesday's flurry of Capitol Hill backlog news came amid a pushback from VA officials designed to prove they are on track to fix the problem by their 2015 goal. Veterans groups and veteran lawmakers, who have been tracking the issue for years, have been confused but optimistic with the recent spate of national attention on the ongoing problem. The claims backlog has been on a steady trend downward since March, when the number of cases pending for more than four months peaked above 600,000. This week, department officials said the number of backlogged cases had dropped to below 560,000, an eight-month low. Still, benefits workers take almost nine months on average to complete a claim, well above the four-month promise outlined by department leaders.

House Veterans Affairs Committee ranking member Rep. Mike Michaud (D-ME) called the recent downward trend encouraging, but noted that "at the current rate, the 2015 goal ... seems to be unlikely." VA Secretary Eric Shinseki and Defense Secretary Chuck Hagel reiterated their promise to solve the processing snafus and vowed their departments were on the right track. "The backlog is not

and has never been acceptable,” Shinseki told reporters. “We are aggressively executing a plan to eliminate it.”

On 21 MAY, VA officials announced a new partnership with the American Legion and Disabled American Veterans to troubleshoot its processing of fully developed claims — cases where outside veterans advocates certify the benefits paperwork has been completed. The new collaboration is designed to identify potential slowdowns in the program due to minor errors by the outside advocates or claims processors. Department officials hope to significantly boost the number of fully developed claims in coming months, since those cases average less than four months from start to finish. VA leaders also just announced mandatory overtime for claims workers this summer; new provisional decisions for claims pending for more than a year; and new back-end technology designed to cut down on review time and mistakes. All the announcements came after several weeks of harsh criticism by lawmakers and the national media about the lack of progress by the department on the problem, which has seen some veterans waiting years for compensation.

House Republicans questioned whether any of the new initiatives are systemic fixes or simply gimmicks designed to provide some short-term publicity victories. They have maintained that the department needs sweeping cultural changes to address the backlog problem. “VA must not shift resources and manpower away from processing new claims just to clear out older ones,” said House Veteran Affairs Chairman Rep. Jeff Miller (R-FL). “Every veteran deserves a thorough, fair and timely evaluation of their claim, regardless of when it was filed.” Last month, amid blame that Pentagon record-sharing processes were adding to the slowdown, Hagel promised a 30-day review of the department’s long-term data management plans. VA officials had hoped the review would persuade Pentagon leaders to adopt the same VistA health records system the VA uses, for simplicity. On Wednesday, Veterans Affairs Undersecretary for Benefits Allison Hickey said that better records sharing was one of two key fixes that could dramatically reduce the time that claims processing takes. But a few hours later, defense officials announced they would not change from their earlier plans to have an open competition for their future health records system, giving no real edge to the VA’s legacy system. Defense Undersecretary for Technology Frank Kendall dismissed the idea that the move was a slight toward the VA: “We don’t need to use the same email systems in order to email each other.”

Lawmakers sent a letter this week to President Barack Obama — the third recent high-profile petition by Congress on the issue — asking that he “end the back and forth amongst DOD and VA regarding the virtual lifetime electronic record.” House members said the country can “no longer waste time or money” on the issue. Obama has stayed out of much of the debate, offering only assurances through staff that he is tracking the issue and confident that both departments are on the right path. Lawmakers have asked for more involvement from the commander in chief, to add attention and urgency to the issue. Mikulski promised that the first appropriations bill passed by her committee this year would be the VA budget, “to show our commitment to veterans.” She also demanded regular progress updates from both departments in the months to come, promising continued attention on the backlog. [Source: Stars & Stripes | Leo Shane | 22 May 2013 ++]

POW/MIA Update

"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 (73,000+), Korean War (7,900+), Cold War (126), Vietnam War (1,655), 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. 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

- The DPMO announced 15 MAY that the remains of a U.S. serviceman, missing in action from the Korean War, have been identified and will be

returned to his family for burial with full military honors. Army Pfc. James L. Constant, 19, of Beach Grove, Ind., will be buried May 25, in Indianapolis, Ind. In late 1950, Constant and elements of 2nd Infantry Division (ID) were defending the Naktong Bulge, near Changnyong, South Korea, when they were attacked by enemy forces. As a result of the battle, Constant and many other service members were reported missing. In September 1950, the U.S. Army Graves Registration Service (AGRS) recovered the remains of a U.S. serviceman from a battlefield near Changnyong, South Korea. The remains were buried in a local 24th ID cemetery in Miryang, South Korea and were later transferred to the United Nations Cemetery in Tanggok. Several months later, the remains were disinterred and transferred to the U.S. Army's Central Identification Unit in Kokura, Japan for laboratory analysis. In April 1955 a military review board declared the remains unidentifiable. The unidentified remains were transferred to Hawaii, where they were interred at the National Memorial Cemetery of the Pacific, also known as the "Punchbowl." In 2012, analysts from JPAC reevaluated Constant's records and determined that, due to the advances in technology, the remains recovered from the area near Changnyong should be exhumed for identification. To identify the remains, scientists from the Joint POW/MIA Accounting Command (JPAC) used circumstantial evidence and forensic identification tools, such as dental and radiograph comparison –which matched Constant's records. Using modern technology, identifications continue to be made from remains that were previously recovered from North and South Korea. Today, more than 7,900 Americans remain unaccounted for from the Korean War.

- The Department of Defense POW/Missing Personnel Office (DPMO) announced 20 MAY 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 Pvt. William Yawney, 23, of Freemansburg, Pa., will be buried on May 25, in Bethlehem, Pa. 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 final attack on the 105th Infantry Regiment (IR), 27th Infantry Division's (ID) position. During these attacks, elements of the 105th IR sustained heavy losses, killing and injuring more than 900 servicemen. As a result of these attacks Yawney was reported killed in action. After the battle, Yawney's family received a letter from his

commanding officer stating that he had been buried in a military cemetery on Saipan; however, after the war U.S. Army Graves Registration Services exhumed and relocated all of the cemetery graves on Saipan, but found no grave for Yawney. In December 1948, a military review board investigated Yawney's loss and concluded his remains were non-recoverable. On Sept. 3, 2011, a private archaeological company excavated land near Achugao Village, Saipan, and uncovered human remains. The remains were taken into custody by the Division of Historic Preservation, Commonwealth of the Northern Mariana Islands, Department of Community and Cultural Affairs and handed over to the Joint POW/MIA Accounting Command (JPAC). To identify the remains, scientists from JPAC and the Armed Forces DNA Identification Laboratory (AFDIL) used circumstantial evidence and forensic identification tools such as dental comparisons and mitochondrial DNA, which matched Yawney's brother. Of the 16 million Americans who served in World War II, more than 400,000 died. [Source: http://www.dtic.mil/dpmo/news/news_releases May 2013 ++]

Congressman John Kline

Provision to Keep Faith with Our Veterans Passes Committee

I am pleased to report that bipartisan legislation I championed to stop the Pentagon from breaking its promise of health care benefits to our veterans was included in the National Defense Authorization Act (NDAA), which passed the House Armed Services Committee yesterday. The NDAA is the annual defense bill that serves as the budgetary blueprint for the Pentagon. My legislation ensures our veterans are given the choice they earned and were offered between TRICARE Prime and TRICARE Standard health care insurance.

Promises made should be promises kept and I am pleased the national defense bill includes my provision to fix the Pentagon's misguided TRICARE policy change. My legislation keeps faith with nearly 4,000 veterans in Minnesota and more than 170,000 nationwide. I look forward to the entire House of Representatives voting on this legislation next week.

John Kline

Member of Congress