October 9, 2017

VETERANS

MONTHLY INFORMATION PACKAGE

FLAGLER COUNTY

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Feel free to make copies and distribute throughout your organization.
FOR IMMEDIATE RELEASE
October 2, 2017

U.S. Department of Veterans Affairs Announces Formation of New Veterans’ Family, Caregiver, and Survivor Advisory Committee; Names Senator Elizabeth Dole Chair

Committee to focus awareness and action on the needs of military families and caregivers, as well as the veterans they support

WASHINGTON — Today the U.S. Department of Veterans Affairs (VA) announced the formation of the Veterans’ Family, Caregiver, and Survivor Federal Advisory Committee as part of VA Secretary David Shulkin’s commitment to supporting our nation’s Veterans and those who care for them.

The new Committee will be chaired by former U.S. Senator Elizabeth Dole, a noted advocate for military caregivers, and the founder of the Elizabeth Dole Foundation and the Hidden Heroes Campaign, both of which regularly collaborate with the VA on issues related to military caregiving.

“The VA is committed to the delivery of highest quality care and support to our Veterans, and recognizes the essential role their families, caregivers, and survivors have every day,” said Secretary Shulkin. “Senator Dole is an accomplished and experienced advocate for Veterans’ caregivers I am honored that she will Chair this landmark Committee.”

The Committee will advise the Secretary, through the Chief Veterans Experience Officer, on matters related to Veterans’ families, caregivers, and survivors across all generations, relationships, and Veteran status, with a focus on gaining a better understanding of the use of VA care and benefits services, and factors that influence access, quality, and accountability for those services. A key element of the committee’s work will be to engage Veteran family members, research experts, and family service providers as a way to better understand their needs and identify ways VA can continue to support them in the best possible way.

“Military families, caregivers, and survivors are truly our nation’s hidden heroes, and make great sacrifices each and every day on behalf of their loved ones, so we must do more to support them on their journey. VA, under Secretary Shulkin’s leadership, is stepping up at a time of tremendous need and opportunity,” said Senator Elizabeth Dole, herself a caregiver to her husband, former U.S. Senate Majority Leader Robert J. Dole, a World War II veteran injured in combat. “I am proud to serve as chair of such a critical committee, alongside some of the nation’s top voices on the issues that affect Veterans and their families.”

Serving alongside Senator Dole on the committee will be Mr. Sherman Gillums (Vice Chair), Ms. Mary Buckler, Ms. Bonnie Carroll, Ms. Melissa Comeau, Ms. Harriet Dominique, Ms. Jennifer Dorn, Ms. Ellyn Dunford, Dr. Robert Koffman, Lt. Gen. (U.S. Army, Ret.) Mike Linnington, Mr. Joe Robinson, Ms. Elaine Rogers, Brig. Gen. (U.S. Army, Ret) Dr. Lorice Sutton, Mr. Francisco Urena, Ms. Shirley White, Ms. Lee Woodruff; and Ms. Lolita Zinke.

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All honorably discharged veterans of every era will be able to get a photo identification card from the Department of Veterans Affairs starting in November due to a law passed in 2015.

The law, known as the Veterans Identification Card Act 2015, orders the VA to issue a hard-copy photo ID to any honorably discharged veteran who applies. The card must contain the veteran’s name, photo and a non-Social Security identification number, the law states.

A VA official on Wednesday confirmed the cards are on track to be available nationwide starting in November. Veterans may apply for the card online, but a timeline for how long it will take to receive a card after application has not been finalized, the official said.
Although the law states that the VA may charge a fee for the card, the official said no fee is planned.

The change comes as the military exchange stores prepare to open online shopping to all honorably discharged veterans starting Nov. 11. Veterans who wish to use that new benefit must be verified through VetVerify.org. Congress passed the ID law as a way to help veterans prove their service without showing a copy of their DD-214.

"Goods, services and promotional activities are often offered by public and private institutions to veterans who demonstrate proof of service in the military, but it is impractical for a veteran to always carry Department of Defense form DD-214 discharge papers to demonstrate such proof," the law states.

Some veterans already carry such proof of service.

Those who receive health care from the VA or have a disability rating can get a photo ID VA health card, also known as a Veteran Identification Card. Military retirees also hold an ID card issued by the Defense Department.

Veterans are also able to get a proof of service letter through the VA's ebenefits website. And some states will include a veteran designation on driver's licenses if requested.
FOR IMMEDIATE RELEASE
September 28, 2017

VA Selects Providers for Dental Insurance Program

WASHINGTON — Today, the Department of Veterans Affairs (VA) announced that it has selected Delta Dental of California and MetLife to once again offer private dental insurance plans as part of the VA Dental Insurance Program (VADIP).

The program was extended until Dec. 31, 2021, by the VA Dental Insurance Reauthorization Act of 2016.

“It is important to provide this care to eligible Veterans, especially those who need lower-cost insurance,” said VA Secretary Dr. David J. Shulkin. “VADIP underscores our commitment to support America’s Veterans and their family members.”

Veterans enrolled in the VA health-care system and beneficiaries of the Civilian Health and Medical Program of the VA (CHAMPVA) can enroll in the program beginning Nov. 15, 2017, for coverage to start Dec. 1, 2017.

VADIP offers eligible individuals the opportunity to purchase discounted dental insurance coverage, including diagnostic services, preventive services, endodontic and other restorative services, surgical services and emergency services.

Individuals who enroll in one of the dental insurance plans will pay the entire premium in addition to the full cost of any copayments. Enrollment is voluntary and does not affect eligibility for VA outpatient dental services and treatment.

The plans are available to eligible individuals in the United States, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa and the Commonwealth of the Northern Mariana Islands.

Delta Dental and MetLife previously offered insurance plans as part of the three-year VADIP pilot program. Coverage under the VADIP pilot began Jan. 1, 2013, and more than 115,000 Veterans and CHAMPVA beneficiaries enrolled in the program before it expired in January 2017. Individuals who enrolled in a plan during the pilot period must select and enroll in one of the new plans offered by Delta Dental or MetLife. While the insurance providers will remain the same, plan options, fees and other factors may have changed from those offered during the pilot.

For more information, visit www.va.gov/HEALTHBENEFITS/vadinp/ or call 877-222-VETS (8387).

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Military Update: The Defense Health Agency says it has embraced and begun to adopt a host of recommendations to improve health care services for military children.

The recommendations come from independent medical experts on the Defense Health Board (DHB), a federal advisory panel serving the Secretary of Defense. Most recently it spent almost two years studying how effectively health care is delivered and tracked for 2.7 million children of America’s armed forces.

The board found weaknesses: inconsistent and incomplete data collection on pediatric services; unused tools to track patient satisfaction; uneven access to medical and behavioral care based on family assignment; difficulty coordinating care for complex pediatric medical needs across a complex health system, and a need for that system to show greater flexibility as it continues to apply Medicare guidelines to the delivery of health benefits for children.

Jeremy Hilton, a military spouse, father of a special needs child and longtime advocate for improving quality of pediatric services, praised the 204-page Pediatric Health Care Services report, as delivered to the Defense Health Agency in draft form in August. It is expected to be released as a final report in October.
Hilton lauded the caliber of board members, which included a former chairman of the Joint Chiefs and past presidents of the American Medical Association, and the scope of its findings, which detail, he said, “dramatic improvements needed in provision of healthcare for military children.”

Navy Capt. Edward Simmer, chief clinical officer for TRICARE Health Plans for the Defense Health Agency, said Tuesday that DHA welcomes the report and is implementing its suggestions “as quickly as we can. Some of these things we can accomplish within a matter of a few weeks or few months. Some will take longer.”

He categorized them as falling across “four broad areas” of effort to improve pediatric care. Many initiatives, he added, “we were already working on” but the board “helped us focus some of those efforts and pointed out some things that perhaps we didn’t see before.”

As a result, DHA is taking actions to: improve both the coordination and standardization of care provided to children across the entire military health system; improve communication among providers of pediatric care both in the military direct care system and across purchased care networks of civilian providers; improve data collection to record and measure outcomes of pediatric care accurately, and make health care benefits for children more flexible.

The report is “loud and clear” on the need for the DHA and the Army, Navy and Air Force medical departments to do better job collecting and analyzing pediatric health care data to improve benefits for children, Simmer said.

On flexibility, the report notes that TRICARE payment and reimbursement policies follow Medicare guidelines, which “make it difficult for TRICARE to adapt to the nuances of pediatric care.” For example, if a family with a terminally ill child seeks hospice care, under Medicare guidelines they lose eligibility for other types of care that could improve quality of life or even extend the life of the child.

“It doesn’t make sense to make hospice policy for pediatrics off the needs of a 90-year old,” said Hilton. “It’s a different world. Kids recover at a different rate and have a different set of needs than my grandmother does.”

Simmer tied the need for greater flexibility to advances in care. Both at military facilities and across TRICARE networks, Simmer said, there must be “processes to identify the latest evidence-based care and to make sure it’s available for our kids.”

Defense officials requested the Defense Health Board review after a study of nationwide immunization data, published in Pediatrics magazine in April 2015, found military kids had fallen behind the rest of the nation’s in receiving immunizations recommended by the Centers for Disease Control and Prevention.

The board expanded its review in July 2016 from clinical preventive services alone to all opportunities to improve care for military children. In its first year of study, the board confirmed health data tracking by Army, Navy and Air Force medical departments was unreliable for
determining how the military stacks up against other health plans in immunization and other disease-prevention services for children, said Dr. George K. Anderson. The retired Air Force major general chaired the board’s subcommittee on health care delivery and co-wrote the report.

Because the three departments use different tracking method, and because TRICARE doesn’t require civilian physicians off base to share records with the direct care system, immunization rates for military children remain unknown.

“They’re probably as good as the civilians’ but nobody can prove it,” Anderson said. “We have plenty of anecdotal information” from providers “saying, ‘Yeah, we’ve got good immunization policies. The kids come in and get immunized.’ However, you can’t prove the rates are based on good data.”

That’s true with more than immunizations, Anderson added. “Think about all the other clinical preventive services that kids ought to be receiving” such as well-baby care and hearing tests. There too, he said, standardized data collection doesn’t exist to be sure that, system wide, care is being delivered on time.

“We talked to many pediatricians in the system. They’re actively trying to improve their numbers where they have them, and trying to improve access times and response rates,” said Dr. Jeremy A. Lazarus, a psychiatrist and past president of the American Medical Association. He chaired the board’s neurobehavioral health subcommittee and also co-wrote the report.

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“Part of the problem is there is so much variability across the services. And because you’re got the direct-care component as well as purchased care, it’s very hard to get an organized sense of what’s going on within the whole system.”

The report also confirmed that care access and quality for children can vary widely based on where families are assigned. Getting needed care can be especially difficult for children with mental or behavioral health conditions in rural areas, said Lazarus. The board also heard complaints from families with special needs children of gaps in coverage, for weeks or months, when families are reassigned.

“We don’t have an absolute number about how often the problems occur,” he said, and the system appears committed to minimizing such coverage gaps.

Anderson and Lazarus discussed other highlights from the report including an urgent need to modernize information technology. They said the new electronic health record system, MHS Genesis, which is being launched in stages across the military health care, will be critical to improving pediatric care.

Anderson also stressed that the health system, particularly TRICARE, must operate on the notion that military health care “is a benefit, not an insurance policy.” That should mean more aggressive outreach to ensure children get all the care they need rather be a network waiting to deliver services upon request.
Tom Philpott has been breaking news for and about military people since 1977. After service in the Coast Guard, and 17 years as a reporter and senior editor with Army Times Publishing Company, Tom launched “Military Update,” his syndicated weekly news column, in 1994. “Military Update” features timely news and analysis on issues affecting active duty members, reservists, retirees and their families.
Many Tricare Users Will Face Higher Out of Pocket Costs in 2018

Many current Tricare users will likely see higher out of pocket fees for care starting in January due to a new plan announced Thursday. Tricare for Life and Tricare Prime users are not impacted by the change.

Fast Facts:
- All Tricare Standard and non-activated Guard and Reserve users will see point-of-service fee changes.
- This change will start Jan. 1, 2018.
- The new fee system is part of other, sweeping Tricare changes also scheduled for January. Tricare for Life and Tricare Prime users are not impacted by the change. Currently, both active-duty and retiree Tricare Standard users, as well as Tricare Reserve Select and Tricare Retired Reserve users pay deductibles
based on a "percentage of allowable amount" system. The amounts differ widely and are based on several factors, including provider location and type of care. Those fees are paid annually until a user hits his or her "catastrophic cap."
The new system, which also combines the Tricare Standard and Extra plans into program known as "Tricare Select," will instead shift those users to a flat point-of-service fee that will count towards the deductible and annual caps. Those caps are $1,000 for active-duty and Tricare Reserve Select users and $3,000 for all others.

The new fees will be $27 for primary care and $34 for specialty care for Tricare Select and Tricare Reserve Select users, and $35 and $45 for both reserve and regular retiree Select users. The annual out-of-pocket caps are $1,000 for active-duty and Tricare Reserve Select users and $3,000 for all others.

Additionally, some primary and specialty care will be considered "high value" and carry its own set of lower flat fees. Tricare officials offered no additional information on what that care is or when that fee information will be released.

Related Stories:
- [Here's How Tricare's 2018 Changes Affect You](#)
- [2.1% Pay Raise, BAH Cuts, Tricare Fee Hikes Approved by Senate](#)
- [Obamacare Repeal Would Increase Uninsured Veterans: Report](#)

Although some preventative care, such as cancer screenings and vaccines, is currently free to those users, Tricare officials said they'll be adding to the list of free care. No information was readily available on what the newly free care is.

Other services, such as emergency room and urgent care visits will also carry flat fees regardless of location. In-network urgent care visits will be $27 for Tricare Select and Reserve Select users and $45 for retiree users, while in-network emergency room fees will be $87 and $116, respectively.

The fee amounts were chosen based on cost averages from across the Tricare system, officials said. That means that while some users will likely spend less at some providers, many will likely be spending more.

Troops who enter the service after Jan. 1 will see an entirely different -- and in many cases, lower -- set of fees based on the same flat-fee concept. Those costs were set by law in 2016.
New active-duty Select users will pay $15 for in-network primary care and $25 for specialty care, while future retirees who enter the service are currently scheduled to pay $25 and $40 respectively for primary and specialty care.

The change to a flat fee, Tricare officials said, gives users more clarity on the cost of a visit before it's time to pay the bill. Rather than fluctuating fees based on geography and provider, users will know what to expect before going to the appointment.

"We wanted to go to a fixed cost share," said Navy Adm. Raquel Bono, who heads the Defense Health Agency, which manages Tricare. "We felt that was something more predictable and more patient friendly, and we also felt it was an easier construct."

But military family advocates found the change both surprising and concerning. While other Tricare changes that will hit Jan. 1 had been previously announced or ordered through legislation, this change came as a surprise.

They said they are worried that the new flat fees will bring a surprise cost increase for many users. A series of changes made by Congress in 2016 were specifically designed to protect current Tricare users through a "grandfather" clause. The new fees, they said, circumvent that protection.

"By doing this cost share to co-pay conversion for the grandfathered group, they have made it more complicated, and walked away from the idea that your plan will remain same," said Karen Ruedisueli, a deputy director of government relations for the National Military Family Association (NMFA). "The fact is, some people will be paying more, which I think is against the whole concept of grandfathering."
October 6, 2017

In This Issue:
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3. Veterans ID Cards Update
4. VA Hosts Monthly Women Veterans Meeting
5. Puerto Rico Support
6. National Day of Honor Recognition
7. MIA Update

1. VFW Attends Theater of War With Pentagon Leadership: VFW National Commander Keith Harman attended a Theater of War performance at the National War College at Fort McNair Wednesday night with Chairman of the Joint Chiefs of Staff Gen. Joseph Dunford, Marine Corps Commandant Gen. Robert Neller, Commander of U.S. Pacific Command Adm. Harry Harris, and Sergeant Major of the Army Daniel Dailey, among many other senior military and Defense Department officials. Theater of War is a traveling production of select readings from the ancient Greek general and playwright Sophocles that depict the timeless challenges of warriors returning home from their wars. Ancient Greek drama was a form of storytelling, communal therapy, and ritual reintegration for combat veterans by combat veterans. Using Sophocles’ plays forges a common vocabulary for openly discussing the impact of war on individuals, families and communities. Learn more about Theater of War.

2. VFW Hosts Roundtable Discussion on Toxic Exposures: On Tuesday, the VFW hosted a discussion on the efforts of several veterans and military service organizations to tackle issues related to toxic exposures faced by military veterans. The VFW was joined by the Association of the U.S. Navy, Military Officers Association of America, Vietnam Veterans of America and Tragedy Assistance Program for Survivors. The goal of the meeting was to find common ground, share information on efforts and discuss barriers to success. The VFW has a long history of working with other veterans organizations on major legislation. Future efforts on issues like Blue Water Navy, Agent Orange and burn pit exposure will be areas where collaboration will also help. Continue to follow the VFW Action Corps Weekly for updates on future work related to these issues and many more.

3. Veterans ID Cards Update: VA will begin issuing veteran identification cards to all honorably discharged veterans in November. The initiative is required by the Veterans Identification Card Act 2015, which ordered VA to issue a hard-copy photo ID to any honorably
discharged veteran who applies. The card will be issued for free upon request, according to a Military.com article, and will contain the veteran's name, photo and a non-Social Security identification number. VA will provide additional information once finalized.

4. VA Hosts Monthly Women Veterans Meeting: On Wednesday, the Department of Veterans Affairs (VA) Center For Women Veterans held their monthly meeting with the Department of Defense and veterans service organizations to discuss issues specific to women veterans. Topics included updates on VA’s program for in-vitro fertilization, the Service Women’s Action Network upcoming gender-specific mental wellness summit being held Nov. 13-14, the National Women’s Memorial anniversary activities being held Oct. 20-22 and legislative priorities. Learn more about the Center for Women Veterans.

5. Puerto Rico Support: More than 11,000 Defense Department personnel now are in Puerto Rico to help fellow American citizens recover from the wrath of Hurricane Maria in the areas of logistics, medical support and aviation. DOD continues to expand a comprehensive island-wide commodities distribution and medical support network in support of the Federal Emergency Management Agency and the U.S. Department of Health and Human Services. Commanding the military effort is Army Lt. Gen. Jeff Buchanan, a Life member of VFW Post 8800 in Startzville, Texas. Learn more about the military's support.

6. National Day of Honor Recognition: Secretary of VA Dr. David Shulkin was the keynote speaker at yesterday’s inaugural commemoration of the National Day of Honor for American Veterans Disabled for Life. The commemoration took place at the American Veterans Disabled for Life memorial in Washington, D.C., exactly three years to the date of its opening. The memorial — to which the VFW donated $100,000 toward construction — recognizes the nation’s 4.2 million disabled veterans. The congressional resolution leading to the National Day of Honor was introduced by Rep. Lois Frankel (D-Fla.) and former House Committee on VA Chairman Jeff Miller (R-Fla.). The resolution was included in the Veterans Health Improvement Act of 2016, which became law last December.

7. MIA Update: The Defense POW/MIA Accounting Agency has announced identifications of remains and burial updates of 15 American servicemen who had been missing in action from World War II and the Korean War. Returning home for burial with full military honors are:

   -- Marine Corps 2nd Lt. George S. Bussa, 29, of Chicago, whose identification was previously announced, will be buried Oct. 10 in Arlington National Cemetery, near Washington, D.C. Bussa was assigned to Company F, 2nd Battalion, 8th Marines, 2nd Marine Division. On Nov. 20, 1943, Bussa's unit landed on the small island of Betio in the Tarawa Atoll against stiff Japanese resistance. Bussa was killed on the first day of the battle, one of approximately 1,000 Marines and sailors killed in the intense fighting. Read about Bussa.

   -- Army Air Forces Tech. Sgt. Earl P. Gorman, 23, of Lynn, Mass., whose identification was previously announced, will be buried Oct. 13 in Valatie, N.Y. Gorman was a member of the 718th Bombardment Squadron, 449th Bombardment Group, based in Grottaglie, Italy. On April 23, 1944, Gorman was serving as the radio operator for a B-24 aircraft on a bombing mission against targets near Schwechat, Austria. While en route over Yugoslavia, they were attacked by German planes. Struck during the attack and critically wounded, Gorman was put into a
parachute by his crewmates and bailed out of the plane before they bailed out themselves. All of the crewmembers except Gorman survived. Read about Gorman.

-- Army Air Forces 2nd Lt. Clarence L. Dragoo, 21, of Sandyville, W.Va., whose identification was previously announced, will be buried Oct. 14 in his hometown. Dragoo was a member 716th Bomber Squadron, 449th Bombardment Group. On Feb. 28, 1945, Dragoo and ten other B-24J Liberator aircrew took off from Grottaglie Army Air Base, Italy, as part of a mission to target the Isarcc-Abes railroad bridge in northern Italy, which was part of Brennan Route, used by Germans to move personnel and equipment into and out of Italy. After the bombing run, the other aircraft moved toward the rally point and witnessed one aircraft skim the mountain tops with at least two damaged engines. The plane was last seen near Lake Wiezen in Austria and no parachutes were reported exiting the aircraft. Based on this information, Dragoo was reported missing in action. Read about Dragoo.

-- Storekeeper 3rd Class Wallace E. Eakes was assigned to the USS Oklahoma, which was moored off Ford Island, Pearl Harbor, Hawaii, when Japanese aircraft attacked his ship on Dec. 7, 1941. Eakes was one of 429 crewmen killed in the attack. Interment services are pending. Read about Eakes.

-- Seaman 1st Class Clifford G. Goodwin was assigned to the USS Oklahoma, which was moored off Ford Island, Pearl Harbor, Hawaii, when Japanese aircraft attacked his ship on Dec. 7, 1941. Goodwin was one of 429 crewmen killed in the attack. Interment services are pending. Read about Goodwin.

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-- Marine Corps Pfc. Harold P. Hannon was assigned to Company E, 2nd Battalion, 8th Marine Regiment, 2nd Marine Division. Hannon’s unit landed on the small island of Betio in the Tarawa Atoll on Nov. 20, 1943, against stiff Japanese resistance. Hannon was killed on the first day of the battle. Interment services are pending. Read about Hannon.

-- Army Air Forces Tech Sgt. John F. Brady was a B-17 crew member assigned to the 323rd Bombardment Squadron, 91st Bombardment Group (Heavy), Eighth Air Force. On Nov. 2, 1944, Brady’s B-17 was hit by flak while on a bombing run to Merseburg, Germany and then attacked by German fighters. Witnesses reported that the B-17 burst into flames and crashed southwest of Barby. Brady was declared missing in action. Interment services are pending. Read about Brady.

-- Army Air Forces Tech Sgt. Allen A. Chandler was a B-17 crew member assigned to the 323rd Bombardment Squadron, 91st Bombardment Group (Heavy), Eighth Air Force. On Nov. 2, 1944, Chandler’s B-17 was hit by flak while on a bombing run to Merseburg, Germany and then attacked by German fighters. Witnesses reported that the B-17 burst into flames and crashed southwest of Barby. Chandler was declared missing in action. Interment services are pending. Read about Chandler.

-- Army Air Forces 1st Lt. John H. Liekhus was a B-17 crew member assigned to the 323rd Bombardment Squadron, 91st Bombardment Group (Heavy), Eighth Air Force. On Nov. 2, 1944, Liekhus’s B-17 was hit by flak while on a bombing run to Merseburg, Germany and then
attacked by German fighters. Witnesses reported that the B-17 burst into flames and crashed southwest of Barby. Liekhus was declared missing in action. Interment services are pending. Read about Liekhus.

-- Army Air Forces Staff Sgt. Robert O. Shoemaker was a B-17 crew member assigned to the 323rd Bombardment Squadron, 91st Bombardment Group (Heavy), Eighth Air Force. On Nov. 2, 1944, Shoemaker’s B-17 was hit by flak while on a bombing run to Merseburg, Germany and then attacked by German fighters. Witnesses reported that the B-17 burst into flames and crashed southwest of Barby. Shoemaker was declared missing in action. Interment services are pending. Read about Shoemaker.

-- Army Air Forces Staff Sgt. Bobby J. Younger was a B-17 crew member assigned to the 323rd Bombardment Squadron, 91st Bombardment Group (Heavy), Eighth Air Force. On Nov. 2, 1944, Younger’s B-17 was hit by flak while on a bombing run to Merseburg, Germany and then attacked by German fighters. Witnesses reported that the B-17 burst into flames and crashed southwest of Barby. Younger was declared missing in action. Interment services are pending. Read about Younger.

-- Army Pfc. Willie E. Blue was a member of Company K, 3rd Battalion, 9th Infantry Regiment, 2nd Infantry Division. In August 1950, his unit was defending the Naktong Bulge portion of the Pusan Perimeter. Blue was admitted to the 2nd Clearing Station, 2nd Medical Battalion, 2nd Infantry Division in Yong-san, South Korea. After admission, Blue could not be accounted for. When no additional records could be found showing his disposition and the 8076th Mobile Army Surgical Hospital could not provide any information, the Department of the Army declared him deceased on March 3, 1954. Interment services are pending. Read about Blue.

-- Marine Corps Reserve Sgt. Johnson McAfee, Jr., was assigned to Company F, 2nd Battalion, 7th Marine Regiment, 1st Marine Division, Fleet Marine Force. In late November 1950, McAfee’s unit was fighting against Chinese forces in the vicinity of the Chosin Reservoir at the Marine outpost known as Fox Hill. McAfee was killed in the action and was buried alongside others at the base of Fox Hill prior to the evacuation of the outpost. Interment services are pending. Read about McAfee.


As always, we want to hear your advocacy stories. To share your stories or photos with us, simply email them directly to vfwac@vfw.org.
GOOD NEWS !!

DAV # 86
27 Florida Park Palm Coast, FL 32137
386-439-2122

is providing space to Daytona Beach Vet Center for counseling services to eligible Veterans starting in October 2017.

Any questions please call Daytona Beach Vet Center 386-366-6600
November 4th - 5th
Flagler Executive Airport

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386-506-3068