

# POLK COUNTY VETERANS SERVICE OFFICE

## SPRING 2019 NEWSLETTER

Greetings all,

What a long winter we are having this year. I hope we can start to see a warm up really soon, as I'm sure we all are ready for it.

So far 2019 has proven to be busy here at the Polk County Veterans Office. We are currently at a record high for open claims since my start at Polk County. Like I have said in the past if you haven't checked on your benefits for a while maybe this year is the year to stop by and check to see what we can assist you with.

We are **very** excited to announce that we will be hosting our annual Veterans benefit fair on **April 5<sup>th</sup> from 10a.m. to 2 p.m.** with over 20 vendors attending. The ND/MN honor flight booth will be there with an attendee from last years flight. There is a flyer on the next page of this newsletter with the vendors listed. Please take the time to stop by as there is so much new information out there for Veterans and their families that will be presented at the benefit fair. Also please keep in mind that there is parking and a door in the back if you are having trouble finding parking in the front.

Hope you all enjoy the Polk County Veterans 2019 Winter Newsletter and please don't hesitate to contact us for any and all questions you may have.

**KURT**

**Laurie**



## VETERANS SPOTLIGHT

I am pleased to introduce to you our next veteran in the spotlight and his name is Earle E. Bombardier.

Earle was born in Polk County, MN on May 23, 1922. His father was a farmer and also employed by the railroad. Mother Bertha (Abbott) died in 1963 and father Euclid died July 31, 1984.

Earle graduated from Central High in Crookston in 1940. He worked on farms and in the fall of 1940 at the age of 18 years of age, moved to Detroit, MI. He also went to Farragut, ID and worked on Navy jobs. Then he went to Puget Sound, WA at the Navy yard. He took an exam for Coast Guard, then lost his papers. In September of 1942, Earle was drafted at age 20 and sworn into the Army at Fort Snelling, MN. He then volunteered at Ft Bragg, NC for the Air Borne infantry, parachute division.

Part of basic training included running 7 1/2 miles to qualify for the parachute division at Ft Benning, GA (101st Airborne, Battery D). Regarding parachuting: first they would be on a low platform and jump into a sandpit and learn how to tumble well. Then they would proceed on to a higher platform with harnesses on their bodies. Finally they would go to a 150 foot control tower for a "free fall". Earle said his first jump from a plane was an experience he will never forget. When he came down, there was no sensation of falling because there was nothing to relate to and there was no sound. He felt like he was the only person in the whole world, just he and his Maker. It was such a peaceful, satisfying feeling. Actually he experienced more fear and apprehension on later jumps than he did on the first one because it finally dawned on him that he could get hurt. After he completed his parachute training Earle was transferred from his training unit to Battery D of the 377th Parachute Field Artillery Battalion at Fort Bragg. That was basically an anti-tank and anti-aircraft unit armed with 37mm guns and .50 caliber machine guns. Earle was assigned to a machine gun squad. All of those weapons were designed so they could be broken down into small packages for parachute drops. Earle made seven jumps from airplanes before going overseas in September 1943. He left New York on a ship and joined a convoy in the Atlantic Ocean down by Nova Scotia. They were on a terrible ship called "His Majesty Strathnaver", a dirty old tub with East Indian cooks. The food was bad, the air was foul and everyone was seasick or afflicted with the GI's or both. Part way across, the ship developed engine trouble so it left the convoy and returned to St. John's, Newfoundland, with a single destroyer as an escort. When they departed again the ship hit some rocks in the harbor and they had to return to port. Shortly after that they transferred to an American ship named "SS John Erickson". That was a smaller ship so they were badly overcrowded, but the ship was clean and the food was good. Little did I know at the time I would also sail home on that very same ship.

They landed at Liverpool on the west coast of England, on October 19, 1943. then they took a train NW of London where they were quarantined for three weeks. The troops trained and jumped there (did a demonstration jump for Churchill and Eisenhower before the D-Day invasion and shook hands with both of them). This was filmed and my uncle who lived in Minneapolis saw Earle in the newsreel at the movie theater.



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Earle's group stayed at a mushroom farm while there and were forbidden to hunt or fish, but they did so anyway. They moved into the assembly area approximately one week before the invasion on D-Day and were near an airfield waiting for the attack. It was postponed one day because of bad weather. They finally received their orders. That was the first time they were told that they would be participating in the D-Day invasion. Up to that time they had heard nothing but rumors. They learned that they would be jumping into Normandy at night behind the German beach defenses. Each unit was assigned a drop zone. On June 5th between 11:00 and 11:30 p.m. their flight took place, headed for France. Totally, about 6,000 parachuters were in planes which formed a convoy and when they arrived at the coast, saw searchlights all along the coastline, they were close to Utah Beach when their plane was hit by flak and were forced to bail out. Earle was the second to the last man out and by that time the plane was down to about 250 feet. 300 feet was considered the minimum for a safe jump. The pilot and co-pilot went down with the plane. The co-pilot and Earle were friends.

Earle hit the ground so hard that he cracked his right ankle. Although the injury didn't disable him, it was painful for him to walk. They landed in a swamp (the German's had flooded the land so troops couldn't move in). The soldiers used toy "crickets" for communicating—the ones we used to get in Cracker Jack boxes many years ago—to identify each other. Much of their equipment was lost but carried M-1 carbine weapons. Earle's group spent the next few days interfering with German communications and troop movements and generally making a nuisance of themselves. Earle had three days of rations and limited ammunition. They needed to travel about 20 miles to reach safety—they were behind enemy lines when they landed. On or about June 11th, they filtered through the German lines and across no man's land, but when they tried to identify themselves to the American outposts they met a hail of fire. After several unsuccessful tries they retraced their steps through the German lines and hid in a stand of tall, dry grass when daylight came. Unfortunately, the Germans discovered them. In the fire fight that followed, many of the paratroopers were killed or wounded. Earle was knocked out by the concussion from a grenade. The explosion ruptured both of his eardrums and when he regained consciousness he was looking into the barrel of a German machine pistol, so he had no choice but to surrender. .

Fifty prisoners were taken to Alencon Camp. This was a torturous walk because his ears ached and his cracked ankle pained him. The number of prisoners gradually grew to one thousand men in the camp. Although they were reasonably well treated, there wasn't enough food. They ate green apples and while there also got the innards, udder and the head from a butchered cow, which they ate!

Earle worked in a compound where approximately 1,000 men worked. His job was working as a stretcher-carrier for the wounded Germans. Supplies were very short and his ankle was never treated. He worked on the third story which was the surgical ward where arms and legs were amputated without use of any anesthesia, in several cases the wounded were given a stiff drink of cognac for anesthetic. Earle's job was to carry out the amputated limbs and to bring the wounded up three flights of stairs to be treated. The limbs were stock piled outside the so-called hospital. He was appalled at the primitive state of the German medical facilities and the shoddy care they gave the wounded. They had no antibiotics, their bandages looked like crepe paper and they were careless about sterilizing wounds and surgical instruments.

While at this compound a guard took a liking to Earle when he began working in a warehouse unloading supplies, so he got to share some of the guard's food. About July 1st they began a march heading for Paris on a tar road. U.S. fighter planes came over and opened fire with machine guns which resulted in the asphalt road coming up in tiny pieces flying all over. In July 1943 they got to Paris and were loaded into boxcars. Sixty men to each boxcar (they were smaller than our US boxcars). Earle had one can of cooked beef and a half loaf of moldy bread made from molasses and sawdust. Nothing to drink. It was hot and the beef spoiled but they ate it anyway. A woman offered bread to some at a place where they stopped and ended up being beaten fiercely by a guard.

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Twenty-nine days were spent in this boxcar without getting out. Two men died in there and were left for two days before their removal. The boxcars housing the prisoners were located sometimes next to boxcars that had fuel supplies and strafing from the US planes was frequent. Allied planes raised so much havoc with the French railroad system that the train had to be rerouted over long detours and sometimes it stood on a siding for days while the track was being repaired. The prisoners weren't sure they would survive the attacks. The trip took very long arriving at their destination because many tracks were blown up and had to be repaired before traveling on. All this took place in the heat of the summer with poor ventilation in the boxcars. The only latrine was a bucket on one end of the boxcar and many had dysentery. The stench from that and the unwashed bodies was almost overpowering. The prisoners were all so weak they could only crawl out of the boxcar when they arrived in Chalon, France. They mainly had to keep standing the majority of the trip and crowded in like sardines. They were hungry and dehydrated.

In Chalon, France, Earle had his first intensive interrogation. He described it as a touch session but it didn't last long. The only information he gave them was his name, rank and serial number. After it was over he wondered why they bothered with an interrogation because they had as much information about the 101st Airborne as he did. They knew where each unit had been station in England the names of the officers down to his battalion commander. They were interrogated, got very little food but did get water to drink. After a few weeks they were put on a train again to Trier, on about September 1, 1944, to a camp where they had barracks. Next to the compound there was a storeroom full of Red Cross parcels, which they had not yet received. The prisoners asked the camp commander if they could have some Red Cross parcels. He insisted that there were none in the camp. They weren't getting through because of the Allied air raids. Later they discovered that a warehouse in the compound was full of Red Cross parcels. After dark the prisoners would dig under the foundation and steal the parcels. They shared them with British prisoners and were overjoyed to have them. It was a risky plan, however. Three prisoners were shot when the guards caught them. Many of the prisoners got sick when they ate what was in the parcels, because of their starvation diet. The parcels also had cigarettes which the men welcomed.

Earle went back into Germany to a base camp at Memmingen, Germany where approximately 3,000 prisoners were held and he stayed there for several weeks. During the march from the camp to the train at Trier, they experienced the first acts of hostility from the German civilians. The people swore at the prisoners, threw things at them and even kicked them. Memmingen was operated as a base camp. From there the prisoners were assigned to smaller work camps elsewhere. Earle and approximately 60 men were sent to Augsburg, where they dug out air raid shelters for civilians in a big hill about a mile from the camp. They became quite friendly with some of the civilians and occasionally they would get an opportunity to listen to the war news on a hidden radio. They built tracks into tunnels for carts. The Augsburg camp was about the size of a city block. It was surrounded by a double fence which was patrolled by guards. Sometimes they used dogs. The guards were usually combat veterans who had been sent back to Germany for a rest. They kept their distance from the prisoners and rarely abused them. The barracks were wood frame construction with clay tile roofs. They were heated during the winter months with wood stoves.

Life in the Augsburg camp was very Spartan. The guards blew a whistle about 6:30 in the morning, then the prisoners would fall in outside for rollcall. They only had two "meals" per day, one before they went to work in the morning and the other when they came back in the evening. The menu was always the same: boiled potatoes or boiled cabbage, water soup, and ersatz bread. (In World War II, *Ersatzbrot* (replacement bread) made of *potato starch*, frequently stretched with extenders such as sawdust, was furnished to *prisoners of war*.) The potatoes were usually half rotten. Earle said the soup was probably prepared by dragging a bean through hot water to give it some flavor. That was why they called it water soup. The bread was made from sawdust and molasses. It was very sticky and it got as hard as concrete when it dried out. They were issued a half loaf of bread every three days.

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It was December now and cold. Nobody attempted to escape. They received their first Red Cross parcels here. They consisted of condensed milk (klim), cheese, coffee, toilet paper, soap, Spam, cigarettes, crackers and sugar cubes. The parcels did help supplement our diet.

At this camp they had cold running water in a washhouse and outdoor latrines. They took cold water showers when they got so filthy that they couldn't stand themselves anymore but that was almost a desperation measure. The only soap they had was what they received in Red Cross parcels. Periodically the Germans ran them through a delousing room to kill the body lice. They received very little medical or dental attention. If there was an emergency the prisoner was taken to a civilian hospital. Earle never did get any treatment for his cracked ankle. After about six months the pain and soreness finally disappeared. They were allowed to write and receive letters but delivery was slow. Sunday was a day of rest but there were no religious services, mainly because there was no chaplain in the camp. Most of their free time was spent talking about home, friends, girls and especially food. Everyone knew exactly what he would order if he was suddenly transported to a fine restaurant in the States. They often talked about escaping from prison but they never seriously considered it. The odds were too great. Not all prison camps were like one on "Hogan's Heroes".

If there was a bombing raid in the area the prisoners were taken to the civilian shelter about a mile away. If there wasn't enough time they took refuge in some covered holes they had in the compound. On at least one occasion bombs fell in the compound and destroyed some of the barracks but no one was injured. They had to rebuild the barracks themselves. Sometimes the prisoners were called out to help dig civilians out of the rubble after a raid.

In late March 1945, Earle and about 20 of the prisoners left for a lumber camp 40 miles away from the base-camp. There the men cut trees that had been marked by the Woodmaster, cut them to specified lengths and pile the wood. The villagers came out and picked up the slash down to the smallest twig. Earle said he has never seen such clean forests, they looked like parks. When one tree was cut, the villagers would come in and replant a new one. The forest was immaculately clean.

Earle was not aware that the Battle of the Bulge took place, but knew something had happened in April because so many more troops were coming through and increased into a steady stream. Soon the guards began to disappear. He knew the front was getting closer. One morning they heard the sound of artillery fire to the west and finally on one of the first days in May the Americans came and freed them. One of the first Americans Earle spotted turned out to be a very good friend of his who gone through basic training with him. The prisoners were liberated!!! Earle's group was transported to Mannheim where they were given hot showers and clean clothes, then they were given mess kits and told to go to the mess hall and help themselves. It happened they were serving Earle's favorite meal that day: pork chops, mashed potatoes, gravy and green beans. He stuffed down all he could hold, which wasn't much, then he promptly got sick and threw it all up.

Earle was flown to LeHavre to Camp Lucky Strike, on the English Channel, where he had a physical exam. Earle was still having trouble keeping food down, so he went on sick call. The doctor told him that his stomach had shrunk to the size of a teacup and it wasn't accustomed to rich food. That was why it was rebelling. He was put on a bland diet which he found very disagreeable. He had gone from 173 pounds down to 115.

From there in June 1945 he boarded a ship the USS John Erickson, the same ship that brought him overseas. He proceeded to Fort Snelling and there he was given a 60-day leave. When he got home his mother served all his favorite meals but he couldn't enjoy them because his stomach was still rejecting rich food. After he returned from leave he was sent to a rest and rehabilitation center at Hot Springs, Arkansas. After that he reported to Fort Benning, GA, where he was discharged honorably on November 9, 1945, with the rank of Corporal. He could not eat decent meals for about a year to where his stomach could return to somewhere near normal and it took him ten years to get his weight back up to where it was before he entered the service.

**(Continued on page 7)**

He suffered a permanent hearing loss in one ear as a result of the grenade that exploded nearby when he was captured.

After his discharge Earle had several jobs in the Crookston area, then he started with Otter Tail in the old steam plant on October 6, 1948. In 1950 he went to the new steam plant where he advanced through a number of job classifications. In 1963 he moved to the Crookston District Office as stock clerk and in 1967 he transferred to the Right of Way Department in the General Office in Fergus Falls, MN. He had been head of that department up to 1980.

Last summer Earle received "The French Croix De Guerre WWII" from the French Government.

Earle had 4 children, Larry from Crookston, Gary from Fergus Falls and 2 daughters Bonita and Brenda now deceased. Earle married Phyllis in 1992.

He was active in the Masonic Lodge, Past Commander of the DAV, member of the VFW and a member of the Ex POW organization which has now dis-banded.

Earle received a Purple Heart along with American Theater Ribbon European-African-Middle Eastern Ribbon w/2 bronze stars, WW II Victory Medal and Good Conduct Medal.

Earle is now a patient in the Fergus Falls Nursing Home and a delight to visit with.



## VA's proposed rules for Veteran community care now open for public comment

**WASHINGTON** — Today the U.S. Department of Veterans Affairs (VA) announced the publication beginning tomorrow of a proposed regulation in the [Federal Register](#) for the new [Veterans community care program, including access standards](#).

The proposed regulation would establish new rules for the Veterans community care program required by section 101 of the [VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act \(MISSION Act\)](#) of 2018.

Last month, VA Secretary Robert Wilkie announced its proposed **access standards for community care** and **urgent care** provisions that will take effect in June and guide when Veterans can seek care to meet their needs under the MISSION Act – be it with VA or with community providers.

Under the MISSION Act, signed by President Trump in June 2018, there are six different eligibility criteria for community care:

- Services unavailable
- Residence in a State without a full-service VA medical facility
- 40-mile legacy/grandfathered from the Choice program
- Access standards
- Best medical interest
- Needing care from a VA medical service line that VA determines is not providing care that complies with VA's standards for quality

### ACCESS STANDARDS

VA is proposing new access standards, effective when the final regulations publish (expected in June 2019), to ensure Veterans have greater choice in receiving care.

Eligibility criteria and final standards as follows were based on VA's analysis of all of the best practices both in government and in the private sector and tailored to the needs of our Veteran patients:

- Access standards will be based on **average drive time** and **appointment wait times**.
- For primary care, mental health, and non-institutional extended care services, VA is proposing a **30-minute average drive time standard**.
- For specialty care, VA is proposing a **60-minute average drive time standard**.
- VA is proposing appointment wait-time standards of **20 days for primary care, mental health care, and non-institutional extended care services**, and **28 days for specialty care from the date of request with certain exceptions**.

Eligible Veterans who cannot access care within those standards would be able to choose between eligible community providers and care at a VA medical facility.

VA Secretary Robert Wilkie said, "Our medical services must meet our Veterans' needs and reinforce the trust that forms the basis for every interaction with VA. Our new access standards are a vital part of this effort.

"Most Americans can already choose the health care providers that they trust, and President Trump promised that Veterans would be able to do the same. With VA's new access standards, the future of the VA health care system will lie in the hands of Veterans – exactly where it should be."

The proposed regulation (RIN 2900-AQ46) is currently available online at <https://federalregister.gov/d/2019-03030>.

The proposed regulation is scheduled to be published in the Federal Register tomorrow, Feb. 22, and VA encourages the public to provide input on the proposed regulation by March 25, 2019, during the public comment period. For instructions on how to submit a comment, visit the Federal Register website at [www.regulations.gov](http://www.regulations.gov) and search for RIN 2900-AQ46.



# News Release

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Media Relations

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FOR IMMEDIATE RELEASE

January 30, 2019

## VA announces access standards for health care

WASHINGTON – Today the Department of Veterans Affairs (VA) announced its proposed **access standards for community care** and **urgent care** provisions that will take effect in June and guide when Veterans can seek care to meet their needs under the MISSION Act – be it with VA or with community providers.

Under the MISSION Act, signed by President Trump in June 2018, there are six different eligibility criteria for community care:

- ◆ Services unavailable
- ◆ Residence in a State without a full-service VA medical facility
- ◆ 40-mile legacy/grandfathered from the Choice program
- ◆ **Access standards**
- ◆ Best medical interest
- ◆ Needing care from a VA medical service line that VA determines is not providing care that complies with VA's standards for quality

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### URGENT CARE

Eligible Veterans will have access to urgent (walk-in) care that gives them the choice to receive certain services when and where they need it. To access this new benefit, Veterans will select a provider in VA's community care network and may be charged a copayment.

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VA encourages the public to comment on the proposed access standards and urgent care benefit during the public comment period once these proposed regulations (RIN 2900-AQ46 and RIN 2900-AQ47, respectively) publish in the Federal Register; we look forward to receiving this feedback.



**FOR IMMEDIATE RELEASE**

January 28, 2019

**Secretary Wilkie: Revolutionizing VA Health Care**

**WASHINGTON** – Today Secretary of Veterans Affairs Robert Wilkie released the following statement:

**Revolutionizing VA Health Care**

**By Secretary Robert Wilkie**

The past two years have been an exciting time for Veterans and for the Department of Veterans Affairs.

Under President Trump’s leadership, VA has enacted more reforms across the organization than at any other time since the 1990s, with key advances in the areas of transparency, accountability and customer service.

VA will soon build on this progress by rolling out a plan that will revolutionize VA health care as we know it.

This week, as part of VA’s implementation of the [MISSION Act](#), the department will introduce long-awaited access standards on community

care and urgent care that will take effect in June and guide when Veterans can seek care to meet their needs – be it with VA or with community providers.

VA’s current patchwork of seven separate community care programs is a bureaucratic maze that’s hard to navigate for Veterans, their families and VA employees.

Our new access standards will form the basis of a federal regulation that will consolidate VA’s community care efforts into a single, simple-to-use program that puts Veterans at the center of their VA health care decisions. Strict and confusing qualification criteria like driving distances and proximity to VA facilities that don’t offer needed services will be replaced by eligibility guidelines based on what matters most: the convenience of our Veteran customers.

Although these new standards represent an important win for America’s Veterans, they will not be without controversy. Some will claim falsely and predictably that they represent a first step toward privatizing the department.

Here are the facts: under President Trump, VA is giving Veterans the power to choose the care they trust, and more Veterans are choosing VA for their health care than ever before.

Since 2014, the number of annual appointments for VA care is up by 3.4 million, with over 58 million appointments in fiscal year 2018. Simply put, more Veterans are choosing to receive their health care at VA. Patients’ trust in VA care has skyrocketed – currently at 87.7 percent – and [VA wait times are shorter](#) than those in the private sector in primary care and two of three specialty care areas.

In other words, VA is seeing more patients than ever before, more quickly than ever before, and Veterans are more satisfied with their care than they have been previously.

And why should we be surprised?

[A 2018 Rand study](#) found that the VA health care system “generally delivers higher-quality care than other health providers.”

[A 2018 Dartmouth study](#) found that “Veterans Health Administration hospitals outperform non-Veterans Health Administration hospitals in most health care markets.”

[A 2019 study](#) in the Journal of the American Medical Association (JAMA) shows that VA wait times are shorter than those in the private sector in primary care and two of three specialty care areas.

# VA's Appeals Modernization Act takes effect today

*New law streamlines department's current claims and appeals process for Veterans*

**WASHINGTON** — Today the U.S. Department of Veterans Affairs (VA) announced that it has implemented the [Veterans Appeals Improvement and Modernization Act of 2017](#), which was signed into law Aug. 23, 2017, and represents one of the most significant statutory changes to benefit Veterans in decades.

"This is a historic day for VA, its stakeholders and, most importantly, for Veterans and their families," said VA Secretary Robert Wilkie. "The implementation of the Appeals Modernization Act comes as a direct result of collaboration among VA, Congress and Veteran Service Organizations to deliver on Veterans' longstanding desire for reform of the legacy appeals system. Beginning today, Veterans will have greater choice in how VA reviews their disagreement with a VA claims decision and enjoy timely resolutions of disagreements through a streamlined process."

Effective today, Veterans who appeal a VA claims decision have three decision review options:

**Higher-Level Review, Supplemental Claim and Appeal to the Board of Veterans' Appeals.**

- In the Higher-Level Review option, a more experienced adjudicator will conduct a new review of the previous decision.
- Veterans who select the Supplemental Claim option may submit new and relevant evidence, and VA will assist in developing new evidence under its duty to assist.
- If Veterans appeal a decision to the Board, they can choose one of three dockets: direct review, evidence or hearing.

**VA's goal is to complete Supplemental Claims and Higher-Level Reviews in an average of 125 days, and decisions appealed to the Board for direct review in an average of 365 days. Under the legacy process, decisions averaged three to seven years.**

VA remains committed to reducing significantly the inventory of legacy appeals. VA's fiscal year 2019 budget included funding for 605 additional appeals employees, which VA used to establish two new Decision Review Operations Centers at the St. Petersburg, Florida, and Seattle, Washington, regional offices. The former Appeals Resource Center in Washington, D.C., was converted to a third Decision Review Operations Center.

For more than 18 months, VA has worked toward full implementation of the Appeals Modernization Act, but reform has been a goal for VA and its stakeholders for years. In March 2016, VA sponsored an "Appeals Summit" in which VA, Veterans Service Organizations, Veterans advocates and Congress worked together to design a new appeals system. The summit resulted in the drafting, passage and implementation of the Appeals Modernization Act.

For more information on Appeals Modernization, visit <http://www.va.gov/decision-reviews>.

1. In what year did Germany make their final World War I Reparation Payment?

1940                      2010                      1977                      1986

2. During the Korean War, what country, along with the United States, supported South Korea to stand for democracy and oppose communism?

Canada                      Great Britain                      France                      None Listed

3. Based on population, what is the largest military base in the United States?

Fort Bragg                      Fort Hood                      Camp Pendleton                      Fort Benning

4. What was Veterans Day originally called?

Soldier's Day                      Armistice Day                      Military Day                      Day of Surrender

5. Who said, "It is fatal to enter a war without the will to win it."

General Norman Schwarzkopf                      President John F. Kennedy                      General George Patton                      General Douglas MacArthur

Answers on Last page

These studies provide verification of the fact that VA has made great strides since 2014, and now compares favorably to the private sector for access and quality of care – and in many cases exceeds it.

And VA employees are noticing improvements as well. **VA ranked sixth out of 17** federal government agencies in the Partnership for Public Service’s annual “Best Places to Work” tabulation, up from 17 th last year.

We know that to keep the trust of our Veterans we must continue to deliver. Our medical services must meet our Veterans’ needs and reinforce the trust that forms the basis for every interaction with VA. We will constantly innovate, upgrade, and pursue ways to serve our nation’s heroes as best we can.

Our new access standards are a vital part of this effort.

Most Americans can already choose the health care providers that they trust, and President Trump promised that Veterans would be able to do the same.

With VA’s new access standards, the future of the VA health care system will lie in the hands of Veterans – exactly where it should be.



## VA’s ‘Better Starts Today’ Campaign Challenges Veterans to Ditch Smokeless Tobacco

**WASHINGTON** — Today the U.S. Department of Veterans Affairs (VA) announced that it will mark the annual [Great American Spit Out](#) on Feb. 21, calling attention to the dangers of using smokeless tobacco, with its “Better Starts Today” campaign.

The VA campaign encourages Veterans who use tobacco products, including smokeless tobacco, to stop dipping or chewing for at least one day, and take advantage of innovative VA tools to help them succeed, with the hope that they may choose to quit permanently.

“Quitting smokeless tobacco can be challenging, but with VA’s help it can be much easier,” said VA Secretary Robert Wilkie. “That’s why we are telling Veterans about several proven strategies and tools that can help them give up smokeless tobacco for good.”

Resources to help Veterans quit smokeless tobacco include:

- **Quit VET**, a toll-free national Quitline, at 855-QUIT-VET (855-784-8838) for Veterans to speak with a tobacco cessation counselor, make a quit plan and receive ongoing counseling after their quit date. Quitline counselors are available from 9 a.m. to 9 p.m. (EST) Monday through Friday.
- **SmokefreeVET**, a text message program (text VET to 47848) offering Veterans three to five support texts a day with advice and encouragement to help them while they stop using tobacco. Veterans can also text the keywords URGE, STRESS and DIPPED anytime to receive an immediate tip for coping with an urge to use, a slip or stress.

A 2015 Centers for Disease Control survey estimated 29.2 percent of American Veterans use at least one tobacco product, with 5.2 percent using smokeless tobacco. Smokeless tobacco is associated with mouth and esophageal cancer, heart disease, stroke, tooth decay and receding gums.

VA providers offer individual counseling, group classes, phone and telehealth clinics and FDA-approved medications.

For more information and resources about tobacco cessation and how families and friends of Veterans can help, visit [www.mentalhealth.va.gov/quit-tobacco](http://www.mentalhealth.va.gov/quit-tobacco).



# VA publishes interim final rule on cash-out home loans to further protect Veterans

**WASHINGTON** — Today the U.S. Department of Veterans Affairs announced that it has published an interim [final rule](#) relating to VA-guaranteed cash-out refinance loans to further protect Veteran home-loan borrowers from predatory lending practices.

This rule implements certain provisions of the [Economic Growth, Regulatory Relief, and Consumer Protection Act](#), and provides new regulatory safeguards relating to VA-guaranteed cash-out refinance loans. Such loans generally allow borrowers to convert home equity into cash.

In many cases, the principal balance of the new refinance loan is larger than the payoff amount of the loan being refinanced. This means the Veteran will generally receive some amount of cash at closing. The cash can then be used at the Veteran's discretion to pay off debt, fund education, make home improvements and more.

VA's cash-out home-loan program can also be used to refinance a non-VA loan into a VA-guaranteed loan. Certain borrowers can use VA-guaranteed cash-out refinance loans to borrow up to 100 percent of the value of their home.

"VA has taken significant steps to make the home-loan benefit the most competitive loan program available to Veterans," said VA Secretary Robert Wilkie. "We want to ensure the home-loan program remains strong, attractive and accessible to all who are eligible, while creating a framework for lender accountability to Veterans and taxpayers."

The rule will help protect Veterans from predatory refinance practices and minimize risk to taxpayers and the secondary mortgage market. For example, the rule specifically requires that lenders disclose clearly, both at the time of application and again at closing, a plain comparison of the existing loan's cost with that of the new loan. These disclosures will help Veterans understand the impact of the refinance loan. This is in line with VA's current policy on [Interest Rate Reduction Refinance Loans](#).

Further, the rule imposes loan seasoning and "net tangible benefit" standards. To meet the seasoning requirement, at least 210 days must pass and six monthly payments must be made prior to refinancing an existing loan. The cash-out refinance loan must also provide the Veteran with at least one of eight "net tangible benefits" defined by VA in the rule.

Since 1944, VA has guaranteed over 23 million home loans worth more than \$2 trillion. Veterans with questions about the VA Home Loan Program should call 877-827-3702. For more information on the VA Home Loan program, visit <https://www.benefits.va.gov/homeloans/>.



6. In what state is the United States Naval Academy?

Maryland      Colorado      California      South Carolina

7. In what year did the last US troops leave Vietnam?

1970      1973      1969      1976

8. What does WAC stand for?

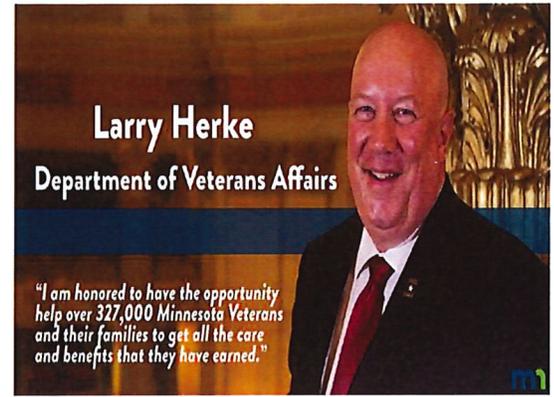
War Alliance Council      Wounded Army Coalition      Women's Army Corps      None Listed

9. Who was the pilot of the B-29 "Enola Gay" that dropped the Hiroshima bomb?

Col. Paul Tibbets      Col. Joseph William Kittinger II      Col. Herman G. "Hank" Tillman Jr.      Col. Frank W. Murphy

10. Who did NOT receive a Congressional Gold Medal?

Walt Disney      John Wayne      Bob Hope      Henry Fonda



## Desk of the Commissioner

### New Year, New Commissioner – Message from Commissioner Larry Herke

Greetings, from the Minnesota Department of Veterans Affairs! I am honored to have been selected as the incoming Commissioner of MDVA. I've been on the job almost four days now, and I can already tell this is going to be an incredible experience.

First and foremost, I would like to recognize my predecessor, Commissioner Larry Shellito, for his service to the state and nation over the past 40+ years. I am fully aware I have big shoes to fill! He has set a tremendous example of service; from his time as Commissioner of MDVA, to his service as Adjutant General of the Minnesota National Guard, his work in the education field – and his service in the Army in Vietnam. I am thankful to be able to continue the important work he started, along with the tremendous team here at MDVA.

In the coming months I will be traveling to greater Minnesota to meet with the Veterans community, including Veteran Service Organizations, County Veteran Service Officers, Veterans, families, and supporters. In addition to meeting with you, our partners, I look forward to working closely with state lawmakers in the coming State Legislative Session. My sustained focus will be on building relationships and partnerships that allow us to achieve more together. Although we are in a time of great division in this country, I believe that we can – and will – bridge any gaps necessary to care for our Veterans.

For more than 30 years I have had the opportunity to serve my nation and state as a member of the U.S.

Army and Minnesota National Guard. During my military career I met thousands of diverse and talented service members from the Army, Navy, Air Force, Marines and Coast Guard. I was constantly humbled by their selfless service and dedication to duty. Since retiring from the National Guard in 2016, I have been employed by the State of Minnesota as the Director of the Office of Enterprise Sustainability. In this position I assisted all 24 Cabinet Level Agencies to develop sustainability plans to save money while reducing the impact of their operations on the environment and society.

With my service and experience, the “One Minnesota” approach resonates deeply with my personal leadership philosophy, which is to listen more than talk, serve others, understand the facts so I can make informed decisions, and deliver results that improve people’s lives.

It is an extraordinary honor for me to represent the nearly 330,000 Veterans in Minnesota. I look forward to multiplying the work already started, as we continue in our mission of “serving Minnesota Veterans and their families.”

Yours in service,

Larry Herke, Commissioner  
Minnesota Department of Veterans Affairs





U.S. Department  
of Veterans Affairs

## News Release

Office of Public Affairs  
Media Relations

Washington, DC 20420  
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www.va.gov

March 12, 2019

### Precision health initiative brings genetic testing to Veterans

#### *VA and Sanford Health join forces to provide free screenings, improve patient care for cancer survivors*

**WASHINGTON** — Today the U.S. Department of Veterans Affairs (VA) announced that, as part of an innovative partnership, VA and

**Sanford Health**, one of the nation's largest nonprofit health care systems, will soon provide free genetic testing to some Veterans cared for by VA.

The VA PHarmacogenomics Action for cancer SuRvivorship (PHASeR) testing program will begin a pilot program this year at the Durham

VA Health Care System that will enroll all cancer survivors who receive treatment at the facility. The program eventually will expand to enrolling some 250,000 U.S. Veterans at 125 sites.

A **recent Dartmouth study** found that VA medical centers “**outperform private hospitals in most health care markets** throughout the country.”

VA Secretary Robert Wilkie lauded the partnership, and said relationships like this will continue to expand the department's delivery of world class health care.

“This screening test will help providers at the VA prescribe the most appropriate medications at the right dose for cancer survivors,” Wilkie said. “Our goal is to continue delivering the best care possible for our nation's heroes, and this partnership helps us do just that.”

PHASeR is funded by a \$25 million gift from philanthropist Denny Sanford, for whom the health system is named, and an effort by Sanford Health to raise matching funds. The test can help providers determine which medications will be most effective for patients, improving access to appropriate treatments and reducing adverse drug reactions, which **research** shows costs up to \$30 billion per year.

The test results will help with clinical decision making for all types of prescribed medications, including cardiovascular and mental health diseases and pain management. Veterans will be able to access the test at their local VA facilities, and Sanford Health will process the tests at its South Dakota-based Imagenetics facility.

“We have seen firsthand how this testing can positively influence patient care,” said Kelby Krabbenhoft, president and CEO of Sanford Health. “Through the generosity of Mr. Sanford, we are proud to join VA to make the test available to our nation's Veterans.”

**Sanford Imagenetics** began in 2014, and more than 90 percent of patients who have been tested have been found to carry a genetic change that could affect medication selection or dosing. Test results are shared with physicians through the electronic medical record to ensure efficiency and accuracy in choosing treatments.

For more information on the PHASeR testing program resources for Veterans visit

<https://imagenetics.sanfordhealth.org/veterans-genetic-testing/>.



Answers to questions on page 12 and 13

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|------------------------------|----------------------|
| 1. 2010                      | 6. Maryland          |
| 2. Great Britain             | 7. 1973              |
| 3. Fort Bragg                | 8. Womens Army Corps |
| 4. Armistice Day             | 9. Col Paul Tibbets  |
| 5. General Douglas MacArthur | 10. Henry Fonda      |