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# FRA *today*



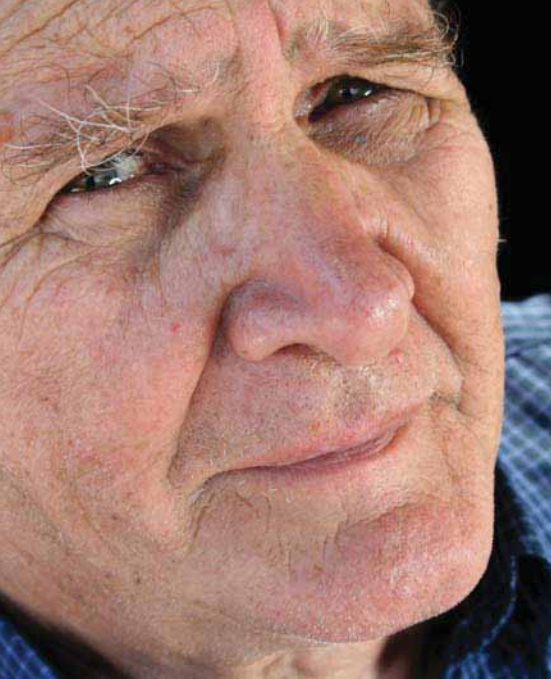
## A Sacred Trust

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# MESOTHELIOMA



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# Featured

## 18 A SACRED TRUST

Navy Hospital Corpsmen keep Sailors and Marines healthy and ready to serve at the top of their game. Whether aboard ship, at a shore-side hospital or clinic, or in the combat theater, Corpsmen are caring for the medical and dental needs of their fellow service members.



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### LOYALTY, PROTECTION AND SERVICE

FRA IS A CONGRESSIONALLY CHARTERED, NON-PROFIT ORGANIZATION ADVOCATING FOR CURRENT AND FORMER ENLISTED MEMBERS OF THE U.S. NAVY, MARINE CORPS AND COAST GUARD ON CAPITOL HILL. FOR MORE INFORMATION ON THE BENEFITS OF MEMBERSHIP, PLEASE VISIT [WWW.FRA.ORG](http://WWW.FRA.ORG) OR CALL 800-FRA-1924.

### ON THE COVER

Navy Hospital Corpsmen maintain a sacred trust to care for the injured and sick. They provide medical support and treatment on the battlefield, in impoverished nations and wherever they are needed around the globe.

## Special Scholarship for Children of Enlisted Navy Medical Personnel



Eileen Murphy

**THIS MONTH'S FEATURE ARTICLE** is about the important work and heritage of Navy Hospital Corpsmen. FRA is second to none in admiration for the Corpsmen, and the FRA Education Foundation is proud to offer a special scholarship for children of enlisted Navy medical personnel. The Colonel Hazel Elizabeth Benn Scholarship Fund provides a \$2,000 scholarship to an unmarried, dependent child of those who have served or are now serving in the U.S. Navy as enlisted medical personnel with the U.S. Marine Corps. The Benn Scholarship is available to qualified applicants entering their freshman or sophomore year of college and the deadline to apply for this and other scholarships administered by the Foundation is April 15, 2013.

The Benn Scholarship is one of several administered by the FRA Education Foundation and was established by Benn's estate to honor the memory of one of the first active-duty female Marines selected for the permanent rank of colonel. Benn led the Educational Services Branch of the Marine Corps and worked tirelessly to increase the potential for Marine Corps personnel to pursue college degrees.

"Colonel Benn was very specific in her wishes for the establishment of this scholarship and the FRA Education Foundation is proud to honor her wishes," said Joe Barnes, FRA's National Executive Director and a member of the Education Foundation's Board of Directors. "Thanks to the generosity of Colonel Benn and others, the Foundation's scholarship program continues to recognize excellence in the classroom, as well as students' active involvement in their school and community."

The Benn scholarship is open to children of all Navy enlisted medical personnel who've served or are serving with the Marine Corps, regardless of their affiliation with the Fleet Reserve Association (FRA). Other Foundation scholarships are available to anyone affiliated with the Navy, Marine Corps or Coast Guard, either through their own service or that of a spouse, parent or grandparent. FRA Education Foundation scholarships are funded through private donations, established trusts and corporate sponsorships, and recipients are selected based on financial need, academic standing, character and leadership qualities.

Applications for the Benn and other FRA Education Foundation scholarships are available at [www.fra.org/foundation](http://www.fra.org/foundation) and contributions in support of these scholarships are always welcome. Inquiries are also welcome at [scholars@fra.org](mailto:scholars@fra.org) or by calling 1-800-FRA-1924.

**Eileen Murphy** is the Director of Marketing and Communications and serves as the Managing Editor of *FRA Today*. Please contact her at [eileen@fra.org](mailto:eileen@fra.org).

# FRA today

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VOLUME 92 NUMBER 2



★ ★ ★ ★ TO HONOR MEMBERS OF THE UNITED STATES NAVY ★ ★ ★ ★

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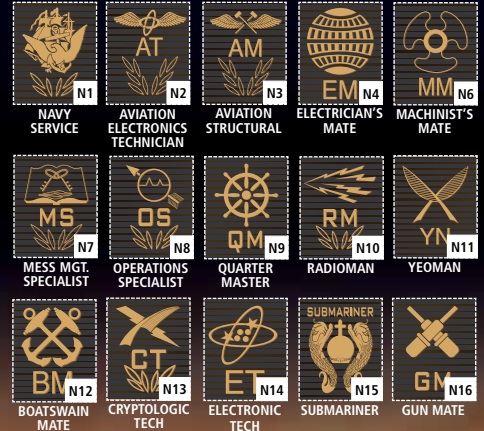
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## Retirees Not Near Bases to Lose TRICARE Prime Oct. 1

January 10, 2013

by Tom Philpott

*Note from NED Barnes:* Significant changes to TRICARE Prime coverage areas are on the horizon for many beneficiaries and Tom Philpott's "Military Update" column (below) outlines the situation well. FRA is tracking these changes, sharing our members' concerns with lawmakers on Capitol Hill and closely monitoring the pending DoD report on the future availability of this benefit.

**THE MILITARY'S MANAGED-CARE OPTION** — TRICARE Prime — will be ended Oct. 1 for retirees, their family members and for military survivors who reside more than 40 miles from a military treatment facility or from a base closure site, TRICARE Management Activity announced Wednesday.

Most of these 171,400 beneficiaries will need to shift health coverage from Prime to TRICARE Standard, the military's fee-for-service health insurance option. For beneficiaries who use more than preventive health care during the year, the shift will mean higher out-of-pocket costs.

Defense officials expect the move to save the health care system up to \$55 million a year.

The rollback in number of Prime service areas will not impact active duty members or their families living far from a military base for tours as recruiters or in other remote assignments. Their health insurance through the separate TRICARE Prime Remote program will not change.

But grown children of members or of retirees who elected coverage under TRICARE Young Adult insurance will, like retirees, lose access to managed care providers under Prime if they reside more than 40 miles from a base.

TRICARE had considered ending Prime in remote service areas of

the West Region on April 1, to coincide with changeover for that region's TRICARE support contractor. On that date, the TriWest Healthcare Alliance will give way to UnitedHealthCare Services of Minnetonka, Minn.

"The primary concern was the beneficiaries. We didn't feel like we had enough time to notify them and help them through the transition," explained S. Dian Lawhon, director of beneficiary education and support at TRICARE Management Activity headquarters in Falls Church, Va.

Congressional committee staffs also had complained about a staggered start across regions to a major benefit change. So the Prime service area rollback will occur in the North, South and West regions simultaneously next fall. This will cause another set of challenges in remote areas of the West Region that an April 1 start there would have avoided.

TriWest needed years to build its current network of providers far from military bases across the region. UnitedHealth will now be paid additional monies under a contract change order to build its own remote networks of providers. Those networks will only operate until October.

How successful UnitedHealth can be in luring providers, or even beneficiaries, to new networks that will be dissolved quickly is anyone's guess but the scheme has skeptics.

"They are just kicking the can for six months at significant expense to the government," said one TRICARE contracting official with knowledge of the move. "When they have a [defense budget] sequester looming, proceeding down that path really doesn't make a lot of sense."

TRICARE's far more critical challenge, however, is to educate impacted

beneficiaries that their Prime coverage will end and most of them will need to shift to TRICARE Standard. An aggressive information campaign is planned with the first of three letters of explanation and warning to be sent to affected beneficiaries and families within 30 days, Lawhon said.

Under Prime, beneficiaries get their care from a designated network of providers for a fixed annual enrollment fee, which for fiscal 2013 is set at \$269.28 for individual coverage or \$538.56 for family. Retirees and family members also are charged a co-pay of \$12 per doctor visit.

Under TRICARE Standard, beneficiaries choose their own physicians and pay no annual enrollment fee. When in need of care, retirees must pay 25 percent of allowable charges themselves. They also pay an annual deductible of \$150 for individual or \$300 per family. Total out-of-pocket costs, however, cannot exceed a \$3000 per family catastrophic cap.

Some beneficiaries who see local Prime coverage end will be able to enroll in a remaining Prime network near base. To do so they would have to reside less than 100 miles from that existing network and would have to waive the driving-distance standard that TRICARE imposes for patient safety. That standard when enforced required that an assigned network provider be within a 30-minute drive of the beneficiary's home.

If displaced Prime beneficiaries meet the two requirements, then an existing network will make room for them regardless of number of beneficiaries enrolled, Lawhon said. But joining a new network also will mean new doctors. So most displaced Prime beneficiaries are expected to choose to use TRICARE Standard instead

## Memories of Big E

Recently the media [and *FRA Today*] carried a short article announcing the retirement and scrapping of the U.S.S. Enterprise (CVN-65). I wonder how many of the former crew of U.S.S. Shangri-La (CVA-38) remember that day in the Med when The Big E relieved us. She was on her first real duty cruise after being Showboat for a year and was the newest carrier in the fleet. The Shang was the oldest in the Sixth Fleet and almost the oldest in the Second Fleet also.

Our squadrons were almost out of fuel money, but the Captain, Exec, Air Boss, and a number of Squadron Officers reported to Disbursing, and from their own pockets paid for enough fuel to fill the tanks of every flyable plane.

We allowed the Big E one day after passing Gibraltar, to get acclimated in the Med. At dawn the next morning, as Big E was getting prepared for daily operations and her flight deck was filled with planes, armed and fueled, Shangri-La launched every plane available.

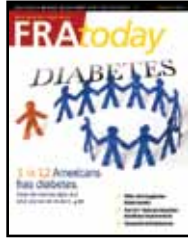
At that time prop planes from Shangri-La simulated torpedo runs, our jet fighters simulated dive bombing runs, and overhead a detachment from a photo squadron filmed the whole event. Plus the gun cameras were also working.

Evaluation of all the photos proved that Enterprise was hit in enough vital areas that she was SUNK!! And the present we left didn't do much to salve their feelings either. We were able to procure a small pig, which was heavily covered with arresting cable grease (black and sticky). As the entire deck crew, in their white coveralls, watched, the present was dumped onto the flight deck by one of our helos, and immediately began to squeal and run hard and fast, chased by those white uniforms.

During that tour the "Old Lady" never failed to complete any assigned mission, and a few times had to step in and complete the job for the other two carriers in the Med. We were old and had a number of problems, but we were proud of our ship and determined that no one would best us in our job!

In 1988, a former member reported that he had observed Shangri-La in the salvage ways in Formosa, cut down to the waterline, but she still sails proud in our memories.

*Don Davidson*



## Camp Lejeune Water

I would like to know why Navy personnel and families have not been contacted by those who are in charge of informing us about the 30 years of contaminated water wells at Camp Lejeune Marine Corps Base. The only way I found out about it was because of my membership in several military organizations and the information in their monthly magazines. Why is it always the same thing, not mentioning Navy and Marine Corps personnel? Marines are part of the Navy and Naval Medical and Dental personnel are assigned to all Marine Corps units. We are all members of the Department of the Navy and almost all Navy Hospital Corpsmen serve either directly or indirectly with the Corps.

*Paul "Doc" Conlin II*



***FRA Response:*** *The Marine Corps has made a concerted effort to contact all personnel (and their families) who lived and worked at Camp Lejeune during the period that the water was contaminated. Unfortunately, military personnel relocate regularly and finding the current contact information for the thousands affected is no small task. The Marine Corps has asked FRA and other organizations to publicize information about the problem and efforts to help those impacted by it, including legislation that authorizes the Department of Veterans Affairs to provide medical treatments for certain illnesses affecting veterans and family members who were stationed at Camp Lejeune during the contamination period.*

*The FRA Today feature story in the June 2012 edition ([www.fra.org/publications](http://www.fra.org/publications)) highlights the water problem and also includes information about the Camp Lejeune Historic Water Registry. All who lived or worked on the base between 1957 and 1985 are encouraged to add their name to the registry, so they can be contacted as new information becomes available. To register, visit [www.marines.mil/clwater](http://www.marines.mil/clwater) or call 1-844-261-9782.*

*Also, please note that Shipmate Conlin is quoted in this month's feature story on Navy Corpsmen on page 18.*

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**Submissions** Send *Shipmate Forum* letters to Editor, *FRA Today*, 125 N. West St. Alexandria, VA 22314. E-mail submissions may be sent to [fratoday@fra.org](mailto:fratoday@fra.org). Please include "Shipmate Forum" in the subject line. FRA reserves the right to select and edit letters for publication. Letters published in *Shipmate Forum* reflect the opinions and views of FRA members. They do not necessarily reflect the official position of FRA as a whole. FRA is not responsible for the accuracy of letter content.



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John Davis

## Budget Gridlock is Déjà Vu All Over Again

**IN THE LAST ACTIONS** of the 112th Congress, lawmakers delayed the automatic budget cuts (sequestration, mandated by the 2011 Budget Control Act) from January 1 to March 1, 2013, and while the nation's plunge off the so-called fiscal cliff has been forestalled, lawmakers on both sides of the aisle must reengage to find common ground in their efforts to reduce federal spending. While the immediate crisis has been temporarily averted, the quote from famous New York Yankees baseball player "Yogi" Berra, comes to mind: "It's déjà vu all over again."

In addition to the extended sequestration deadline, Congress is grappling with the expiration of the Continuing

Resolution (CR) that is funding government operations at 2012 levels through March 27, and the need to address concerns about the nation's debt ceiling, which must be increased in late February or early March. Although the President's annual budget request is traditionally submitted in early February, it is likely the Administration's FY 2014 budget will be delayed until these issues have been resolved.

It appears that more partisan gridlock may occur and FRA is monitoring developments and working to ensure military and veterans' benefits are not reduced as part of any budget deal.

## President Signs FY 2013 NDAA

The Conference Committee report of the FY 2013 National Defense Authorization Act (NDAA) was signed into law (P.L. 112-239) on January 2, 2013. A significant legislative victory for FRA is that the legislation is silent on the Administration's request for drastic increases to TRICARE fees and new Standard and TRICARE-for-Life (TFL) enrollment fees for military retirees. DoD's request for excessive TRICARE pharmacy co-pays was also rejected in favor of a House plan authorizing more modest increases in 2013, with future adjustments tied to the annual percentage increase in the retiree cost-of-living adjustment (COLA) for 2014 through 2022. Also authorized is a five-year pilot program requiring TFL beneficiaries to obtain refills of maintenance drugs through TRICARE Home Delivery (by mail) for at least one year.

The bill also authorizes a commission to study military pay and retirement benefits, which prevents any reductions to current active duty and retiree benefits. Further, the bill does

not include a major provision giving the commission authority to bypass congressional oversight committees' consideration of its recommendations.

Other provisions include:

- Fixing a concurrent receipt glitch that reduces the monetary benefit for some disabled retirees when their disability rating is increased;
- Authorizing a 1.7 percent increase for active duty/ Reserve pay;
- Requiring a DoD report on future availability and access to TRICARE Prime throughout the United States;
- Requires states to ensure training received by a veteran while on active duty is taken into consideration when granting certain certifications and licenses;
- Providing civil liability remedies for violations of the active duty consumer protections under the predatory lending law;
- Providing parity for certain benefits for U.S. Coast Guard Reserve personnel;
- Requiring DoD to report, after the

closure of any overseas U.S. military base, a plan to ensure that a federal agency or private entity assume responsibility for continued maintenance and oversight of any cemetery located on the base;

- Extending increased BAH rates and active duty leave rollovers;
- Enhancing training, reporting, and education for sexual assault and prevention;
- Providing \$25 million in additional Impact Aid for schools that educate military children and \$5 million for military children with special needs;
- Expanding TRICARE coverage to include health services for military children with autism;
- Significant new regulations for combating and prosecuting sexual assault within the military; and
- A requirement for DoD to develop a comprehensive policy on suicide prevention.

For more on NDAA, read Tom Philpott's "Military Update" column (12-27-12) at [www.fra.org](http://www.fra.org).

## VETERANS ISSUES

**VA Does Not Support Blue Water Presumption**

After review of the 2011 Institute of Medicine (IOM) report, entitled, "Blue Water Navy Vietnam Veterans and Agent Orange Exposure," the Department of Veterans Affairs (VA) has determined there is insufficient evidence to establish a presumption of exposure to herbicides for Vietnam veterans who served off the coast during the conflict.

FRA is concerned about the decision to maintain the status quo regarding disability claims of these so-called "Blue Water" veterans and believes the IOM report validated the 2002 Royal Australian Navy study that confirmed the desalination process used on Australian and U.S. Navy ships actually magnified the dioxin exposure. The Association continues to seek a legislative remedy to reverse the current VA policy so that Blue Water veterans and military retirees who have health problems commonly associated with herbicide exposure will be eligible for service-related VA medical and disability benefits.

**Subcommittee Reviews Technology to Reduce VA Claims Backlog**

FRA staff recently attended a House Veterans Affairs' Subcommittee on Disability Assistance and Memorial Affairs oversight hearing on the Department of Veterans Affairs' (VA) efforts to change to a paperless disability claims process. Subcommittee Chairman Jon Runyan (N.J.) pointed out the need for better collaboration between the VA and the Department of Defense (DoD) to aid veterans who are transitioning out of military service. Runyan also expressed concern that DoD's poor record keeping has had a negative impact on VA's ability to fulfill its responsibility to assist veterans in obtaining their military records. This has been a source of major frustration for many veterans who file claims with VA and are dependent on such documentation to substantiate their claims.

FRA consistently advocates for a seamless transition from DoD to VA programs and believes new and improved technology will provide better management of the deluge of disability claims associated with the war efforts and help reduce the backlog of unresolved disability claims.

**VA Cuts Red Tape for Veterans and Survivors**

The Department of Veterans Affairs (VA) eliminated the need for beneficiaries to provide an annual Eligibility Verification Report, as of January 1, 2013. Beneficiaries no longer need to obtain the annual report from the Internal Revenue Service (IRS) and the Social Security Administration (SSA), which reduces the burden on veterans, their families and survivors. Under the new initiative, VA is working with the IRS and SSA to verify continued eligibility for pension benefits. The new initiative also allows VA to redirect more than 100 employees to work on eliminating the claims backlog.

Read more at <http://www.va.gov/opa/pressrel/pressrelease.cfm?id=2414>

**Veterans Employment Nominee Approved by Senate**

The Senate recently approved Keith Kelly to serve as the Department of Labor Assistant Secretary for Veterans Employment and Training Service, a post that had been vacant since July of 2011. During confirmation testimony, Kelly indicated that he will implement the re-designed Transition Assistance Programs (TAP) and vowed to improve outreach to service members and veterans to ensure they have access to this and other programs to help them find civilian jobs.

Formerly the commissioner of the Montana Department of Labor and Industry, Kelley is the recipient of the Bronze Star for valor for his Army service during the Vietnam War.

**New Bills for a New Congress**

All legislation introduced, but not enacted into law, in the last Congress expired when the 112th Congress adjourned sine die and must be re-introduced in the 113th Congress. As new bills are introduced, those related to FRA's legislative agenda will be listed on the FRA Action Center at [www.fra.org](http://www.fra.org) so shipmates can weigh in with their support or opposition. Shipmates sent more than 112,000 messages to their elected officials on important issues during the 112th Congress, which greatly strengthened FRA's collective voice on Capitol Hill. Bravo Zulu, shipmates!

**Less Military Experience in the 113th Congress**

The number of members of the new 113th Congress with military experience declined from the 112th Congress. House members with military experience dropped from 87 out of 435 members (20%) in the 112th Congress to 84 in this session (19.5%). Senators with military experience dropped to 19 out of 100 members (19%) in this session, down from 25 (25%) for the last session.

## USCG Authorization Bill Approved

The President recently signed into law (P.L. 112-213) the FY 2013/FY 2014 Coast Guard Authorization Act (H.R. 2838). Sponsored by Rep. Frank A. LoBiondo (N.J.), chairman of the House Coast Guard and Maritime Transportation Subcommittee, the bill includes important provisions that will give Coast Guard personnel greater parity with their Department of Defense (DoD) counterparts — a top legislative priority for FRA. The bill authorizes end strength of 47,000 active duty personnel, and a budget of \$8.6 billion for FY 2013 and \$8.7 billion for FY 2014.



The bill also reauthorizes Temporary Early Retirement Authority (TERA) until FY 2018, limiting the number of TERA retirements for commissioned officers to less than 200 and to less than 300 for enlisted members, and mandates the Commandant provide the House and Senate Transportation Committees a report on service member housing no later than 30 days after the enactment of this bill. FRA has repeatedly advocated for improved housing for Coast Guard personnel in testimony and meetings with key legislators and their staff.

## ACTIVE DUTY/RESERVE ISSUES

### Military Suicide Rates at All-Time High

There were 349 active-duty suicides in 2012 — more than the 229 service members who were killed in combat last year. Despite numerous efforts to curb this disturbing trend, 48 Marines, 60 Sailors, 182 Soldiers and 59 Airmen took their own lives during 2012, reflecting a significant increase from the previous year.

FRA supports legislation that seeks to develop a cohesive, Defense-wide program to promote prevention and resilience among service members.

### President Nominates Former Senator Hagel as SecDef

President Obama nominated former U.S. Senator Chuck Hagel (Nebr.) to replace Leon Panetta as the next Secretary of Defense. If confirmed by the Senate, Hagel will be the first former enlisted service member and Vietnam veteran to serve as Secretary of Defense.

Hagel quit college in 1967 and enlisted in the Army, volunteering to serve in Vietnam. When he returned, he resumed his studies and graduated from the University of Nebraska and was later appointed as Deputy Secretary at the Department of Veterans Affairs (VA), but resigned after only one year. He started a small business (Vanguard Cellular Systems) that became the second largest independent cell phone company in the nation. Hagel was elected to the U.S. Senate in 1996 and retired in 2008 after serving two terms. During his tenure in the Senate, he and Senator Frank Lautenberg (N.J.) co-sponsored the "Military Health Care Protection Act" (S. 604) in 2007 that sought to limit annual TRICARE fee increases to the amount of the Consumer Price Index (CPI). Although the measure did not pass, similar legislation was eventually enacted in 2011.



Sen. Chuck Hagel addresses audience members at the nomination announcement for Hagel as the next Secretary of Defense and Deputy National Security Advisor for Homeland Security and Counterterrorism John Brennan (right) as the next director of the Central Intelligence Agency, in the East Room of the White House, Jan. 7, 2013.

DOD photo by U.S. Navy Petty Officer 1st Class Chad J. McNeely

### BAH Rates for 2013

The Department of Defense (DoD) released the 2013 Basic Allowance for Housing (BAH) rates, which took effect January 1, 2013. Overall rates will increase an average of 3.8 percent this year.

For service members with dependents, the average increase in BAH is approximately \$60 per month.

In areas where rates decrease, reductions will only apply to members newly reporting to those locations. Individual rate protections apply for those already assigned to a given location, ensuring they won't see their BAH rate decrease.

Read Tom Philpott's "Military Update" (12-21-12) on the new BAH rates at [www.fra.org](http://www.fra.org). For more information on BAH rates in a particular area, visit <http://www.defensetravel.dod.mil/site/bahCalc.cfm>

# The invention of the year is great news for your ears

*Perfect Choice HD™ is easy to use, hard to see and costs far less... it's like reading glasses for your ears™!*

## New Personal Sound Amplification Product is an affordable alternative

Over the years, technology has made the way we live easier, safer and more convenient. In many cases, it's even made many products more affordable... (remember how much the first VCR used to cost?). Unfortunately, the cost of hearing aids never seemed to come down. Now, a new alternative has been invented... it's called Perfect Choice HD™.

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Perfect Choice HD is NOT a hearing aid. Hearing aids can only be sold by an audiologist or a licensed hearing instrument specialist. In order to get a hearing aid, you had to go to the doctor's office for a battery of tests and numerous fitting appointments. Once they had you tested and fitted, you would have to pay as much as \$5000 for the product. Now, thanks to the efforts of the

doctor who leads a renowned hearing institute, there is Perfect Choice HD. It's designed to accurately amplify sounds and deliver them to your ear. Because we've developed an efficient production process, we can make a great product at an affordable price. The unit has been designed to have an easily accessible battery, but it is small and lightweight enough to hide behind your ear... only you'll know you have it on. It's comfortable and won't make you feel like you

Perfect Choice HD feature comparison		
	Perfect Choice HD	Others
Lightweight and Inconspicuous	YES	Some
Easy Toggle Switch Adjustment	YES	Few
Tests and Fittings Required	NO	Most
Affordable	YES	as much as \$5000
<b>Friendly Return Policy</b>	<b>YES</b>	<b>Rarely</b>

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80366

## NED PERSPECTIVE

*continued from page 5*

to get care locally and, in many cases from the same physicians who treated them under TRICARE Prime.

"People who use Standard are very, very pleased with it," Lawhon said. As a group they report higher scores on customer satisfaction surveys than do Prime user, she said.

The push to end Prime in areas away from bases began in 2007 with design a third generation of TRICARE support contracts. But it took years to settle on winning contractors for the three regions, however, due to various bid protests and award reversals. Health Net Federal Services has run North Region under the new contract since April 2011. Humana Military Healthcare Services has had the South Region under the new contract since April 2012. Along with TriWest, these contractors have continued to run remote Prime networks under temporary order while waiting final word from TRICARE on imposing Prime area restrictions written into original contracts.

The driver behind new restrictions on Prime is cost. Managed care is more cost efficient for the private sector but more expensive for the military to offer than traditional fee-for-service insurance. This is true in part because Congress won't allow Prime fees to keep pace with health inflation. So more beneficiaries using Standard means less cost to TRICARE.

Of beneficiaries impacted by the Prime area rollback, more than half, almost 98,000, reside in South Region. Roughly 36,000 are West Region beneficiaries and more than 37,000 are in the North Region.

## RETIREE/SURVIVOR ISSUES

### SBP/DIC Offset Bill Reintroduced

Rep. Joe Wilson (S.C.), chairman of the House Armed Services Subcommittee on Military Personnel, reintroduced the "Military Surviving Equity Act" in the 113<sup>th</sup> Congress to eliminate the SBP/DIC offset for widows and widowers of service members.

Currently, the Department of Defense's Survivor Benefit Plan (SBP) is offset, dollar-for-dollar, by the Department of Veterans Affairs' Dependency and Indemnity Compensation (DIC) plan. This bill (H.R. 32) seeks to eliminate the offset, also known as the "widow's tax," for approximately 60,000 survivors of military personnel.

SBP and DIC benefits are paid for different reasons. SBP is purchased by the retiree and is intended to provide a portion of retired pay to the designated survivor. DIC is a special indemnity compensation paid to the survivor when a member's service causes his or her death. In such cases, the VA indemnity compensation should be added to the SBP the retiree paid for, not substituted for it. As a matter of equity, surviving spouses of federal civilian retirees, who are disabled veterans and die of causes related to their military service, can receive DIC without losing any of their federal civilian SBP benefits.

*Members are urged to use the Action Center at [www.fra.org](http://www.fra.org) to ask their representatives to support this legislation.*

### Retirees Must Report Marriages to DFAS



Retirees who marry or remarry must notify the Defense Finance and Accounting Service (DFAS) to properly establish Survivor Benefit Plan (SBP) coverage within one year of the marriage. Getting a military ID card and entering the new spouse in the Defense Enrollment Eligibility Reporting System (DEERS) does not update pay records at DFAS or trigger SBP coverage.

Retirees who originally elected SBP coverage for a previous spouse must send DFAS a copy of the marriage certificate together with a completed DD Form 2656-6 (SBP Election/Change) that is available online at: [www.dtic.mil/whs/directives/infomgt/forms/eforms/dd2656-6.pdf](http://www.dtic.mil/whs/directives/infomgt/forms/eforms/dd2656-6.pdf)

Retirees marrying for the first time may elect SBP coverage for their spouse with the same form, which must be received by DFAS within one year of the marriage. (A retiree who married during retirement and declined SBP spouse coverage, cannot later enroll the spouse in the plan unless during a congressionally-approved open-enrollment period. Enrollments during open season normally result in penalties and extra charges for the retiree.) The above-mentioned form can also be obtained from DFAS by calling 1-800-321-1080.

Completed documents should be sent to:

DFAS  
US Military Retirement Pay  
P.O. Box 7130  
London, KY 40742-7130

## FRA Salutes Navy Recruiters of the Year

FRA participated in several events honoring the Navy's 2012 Recruiters of the Year (ROYs), including a special ceremony at the U.S. Navy Memorial, a luncheon on Capitol Hill, and coordinated a tour of the Capital. Congratulations to the following outstanding recruiters:

- **Enlisted Recruiter of the Year, Active** – OS2(SW) Matthew Tucker, NRD Nashville
- **Enlisted Recruiter of the Year, Reserve** – GSM1(SW) Duane Curato, NRD San Diego
- **Officer Recruiter of the Year, Active** – LT Lincoln Schneider, NRD Jacksonville
- **Officer Recruiter of the Year, Reserve** – LT Stephen K. Graff, NRD Chicago
- **Nuclear Field Coordinator of the Year** – EM1(SS) Daniel Macomber, NRD New England
- **Station Leading Petty Officer of the Year** – NC1(AW/SW) Brian DuBose, NRD New Orleans
- **Classifier of the Year** – PS1(SW) Benjamin Erdelyi, NRD Philadelphia
- **Division Leading Chief Petty Officer of the Year** – NCC(SW) Dewayne Scott, NRD Atlanta
- **Diversity Enlisted Recruiter of the**



Photo courtesy of U.S. Navy.

NCCM(SS) Jimmie A. Holt, Jr. (left), Navy Recruiting Command's National Chief Recruiter, and FORCM (SW/AW) Earl S. Gray, Jr. (right), Force Master Chief for Navy Recruiting Command, presented a certificate of thanks for FRA's support to NED Joe Barnes during the ROYs' recent tour of the Capitol.

- **Year** – FC1(SW) Aurelio Herrera, NRD Los Angeles
- **Medical Officer Recruiter of the Year** – LT Carolyn Starks-Holman, NRD Michigan
- **Nuclear Propulsion Officer Candidate Recruiter of the Year** – NC1(SS) Brian Fields, NRD Denver
- **Navy Special Warfare/Navy Special Operations Recruiter of the Year** – GM2(EXW) Conner Mastry, NRD Houston
- **Support Person of the Year** – PS1(AW) Kerri Scranton, NRD Portland

The FRA Legislative team is Joe Barnes, National Executive Director; John Davis, Director of Legislative Programs; Bob Washington, Health Care Advisor and Outreach Manager; Chris Slawinski, National Veterans Service Officer and Ed Dockery, Assistant Director of Legislative Programs.

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**CONGRATULATIONS TO ALL THE** following shipmates who have chosen to become life members during the fourth quarter of 2012. If you are interested in becoming a life member, call 1-800-FRA-1924 and speak with Member Services.

## October

Roland L Cantin	091	Benita A. Tetreault	276	Kenneth J Davis	MAL	Scott A Chorn	MAL
Elbert H Havird	290	Bryce C Percival	MAL	C A Toler	037	Romualdo M Calpo	010
Burton C Riley	MAL	Lester Kaenel	MAL	Henry B Beechner	MAL	Albert A Weber	160
Verdis Spearman	024	Howard A Konetchy	201	G B Reid	MAL	Kenneth G Vigue	105
Orville B. Barnhouse	307	Kenneth E Walker	183	Emil A Krejci	289	Robert E Thomaston	MAL
Marvin E Heath	MAL	Gerald L Parris	MAL	Charles H Deshazo	MAL	Ralph D White	172
Raymond B Davis	066	James F Stark, Jr.	MAL	Thomas L Klosterman	327	James L Martin	MAL
William D Karr	099	Jimmie L Cassity	268	Charles Wyatt	024	John T Nickelson	053
Charles E Robison	008	George H Lord, II	223	Harold C Brezler	334	Gene Maples	MAL
William P Shultz, Sr.	229	Don W Howell	MAL	Ivan L Dickson	185	Jake L Abraham, Jr.	MAL
Norman L Robertson	091	Richard W Swenson	136	Theodore Wincheski	MAL	Thomas A Ludka	014
Frank W Van Waes	086	Frank J. Peters	MAL	Richard E Mayer	MAL	Edwin J Hickok, Sr.	038
James Ellis	MAL	Howard K Gaffney	055	John Koval	182	Patrick Funk	103
John H Paulson	245	Bruce E Barber	093	Lyle Eidsmoe	MAL	Robert L Leinenweber	040
Jalmar Granholm	136	Matthew Owen	367	William P. Herron	103	George Hall	285
Albert J Spannbaauer	136	Joseph R Decoteau	029	Greg M Hall	061	Richard E Walters	MAL
Earl C Hunt	005	Willard J Conklin, Jr.	MAL	Matthew K Llanos	MAL	George H Senderling, Jr.	001
Ted R. Leavitt	289	Carl Rhodes	MAL	William C. Bailie	MAL	Beverly D Randolph	094
Kenneth R. Stephens	MAL	Everett A Campbell	161	John W Meagher	MAL		
William B Obrien	005	Joe L Bridges	162	Burman Y Mathis	110		

## November

Dewaine Charles Christle	MAL	Jack H Myreng	MAL	James E Moody	MAL	Lawrence R Combs	MAL
Irwin D White	215	Maurice Beckner	256	Robert C Nelson	MAL	Albino Villarreal	070
Farrell K Horne	072	William A Sherman	371	Robert Fall	MAL	James E Kelley	070
Irvin H Campbell	091	Timothy A Marl	170	Kenneth C Goodwin	MAL	Brandon Anderson	294
John P Cantillon	285	Michael R. Conley	136	Marvin F Griffin	MAL	John L Inman	MAL
Samuel Walkama, Jr.	066	Nathaniel P Barker	MAL	Harlan L Koerwitz	115	Bobbie F Parris	MAL
Sean Ray McDonald	MAL	Lawrence O Gosney	MAL	Vickie G Kyte Clark	179	Jesse A Seago	208
Robert L Long	099	Richard J Robinson	060	Charles A Lansdale	182	Joseph V DiMaggio	051
Albert H Murray	283	Fred R Downing	MAL	Billy R Menges	MAL	William J Maloney, Jr.	MAL
Patricia J Belling	300	John B Wojtowich	094	Charles L Actis	MAL	Margaret Anne Webb	289
Randall V Vogensen	147	Roy A Benson	203	Thomas G Natale	MAL	Richard H Boisclair	MAL
Donald W Clemons	046	Leo L Edwards	MAL	Donald L Halbert	043	Fred D Wagner	382
Richard M Agler	MAL	Samuel A Sasso	MAL	Adriano G Ventenilla	MAL	Gary E Fujisawa	MAL
Thomas F Rudd	061	Wallace R Thorburn	MAL	Guy D Nelson	MAL	David McClain	008
George R Morley	MAL	Simmie Collins	062	Richard Neves	117	Floyd Kirkey	MAL
Daniel Pultz	046	Donald G Spickerman	094	Charles T Van Winkle	070	John C Craig, Jr.	MAL
Shawn Louie	046	Albert A. Reijonen	055	Donald Sanders	MAL	Leon P Darby	MAL
Alvin F Putman	043	James L Angeley	175	Rodney Wockenfuss	MAL	Dennis M Mindermann	001
Joe Nash	192	James F Crabtree	296	Gerald R Braham	091	Michael C. Angeline	177
Rosendo M Delacruz, Jr.	MAL	Carroll E Wilson	289	Shannon L Smith	MAL	Rick Youngblood	MAL
Henri M Hoover	212	Clifford D Zimmerman	172	Roger D Laidler	061	Robert S Allen	086
George O Clarke, Jr.	MAL	Troy L Melvin	MAL	Francisco G Correia	MAL	John G Pouch	181
Jerry Jones	MAL	Albert L Kirtley	MAL	Gerald E Bradley	101	Steven R Baker	MAL
Eugene Leech	086	Larry M Jones	094	Rosendo C Lamis	064	John J Lombardo	103

## December

Paul D Rahe	106	Eddie C. Hall	091	Donald C Glover	MAL	Troy A Brown	MAL
Dal E Moore	141	Roy D Davidson	054	Leon J Phillips	124	Salvador G Gomez	MAL
David L Kavlick	006	Jon H Korn	MAL	Donald B Jenkins	MAL	Willis L. Hardy	MAL
Brendan Joseph Moore	276	James J Reynolds	175	Everett E Fairley	MAL	William P. Holland	MAL
Steven A Finco	020	Charles Lawrence Tullier	289	Lester L Putnam	MAL	Harold R. Varner	MAL
Gerald W Roske	MAL	Anthony W. Young	210	Linton L Marks	MAL	Earl E Warner	163
William S Steinle	MAL	Joan C Johnson	MAL	George H Hamilton	MAL	Nathan A. Hammontree	MAL
William J. Mulcahy	282	Thomas J Haigler	MAL	William J Cole	226	Michael Kaszubowski	MAL
Jimmy M Choates	089	Albert L Ranes	MAL	H W Safford	104	William Gerald Eckert, Sr.	023
Guy J Conversano	MAL	Kenneth Tillman	MAL	Kristen R. Trefren	059	Thomas C Doucette	MAL
Kermit O Olson	289	Carroll D Comer	MAL	Naaman D. Moorehouse	244	Joseph V Conway	024
Paul K Christensen	MAL	Vincent J Muscarello	094	George R Fox	MAL	Donald W Walker	009
Glenn E Wilvers	049	Donald L Perkins	MAL	Thomas J Stanton	MAL	James H Stearns, Jr.	MAL
Keith A Hansen	216	Frank M Perkins	018	Norbert G Woods	175		



# Surrender to 400 Carats of Temptation

*The Stauer Voros Collection is a magnificently massive collection of smoldering rubies that may trigger some extremely pleasant side effects*

Are you ready for this necklace? You might think you are, but when dealing with 400 carats of the most robust red gem on the planet, we want you to be prepared. Before you invite the **Stauer Voros Ruby Necklace** into your home for only \$149, you need to understand the consequences.

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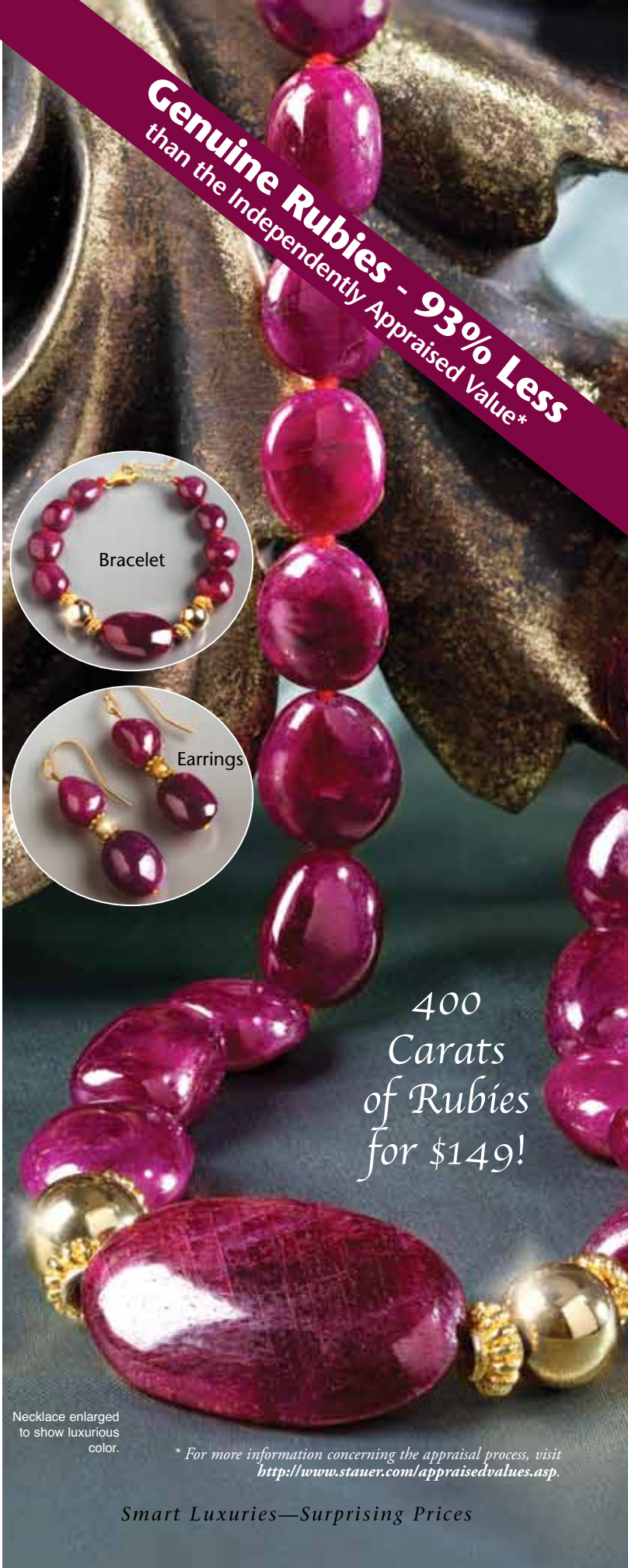
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## www.fra.org as a Recruiting and Retention Tool

**THE FRA WEBSITE (WWW.FRA.ORG)** houses a wealth of information for our prospective and current members. For prospective members it is the gateway to learning about our great Association and the tremendous work we do for current and former enlisted personnel. They can also join FRA online and start receiving the benefits of membership right away. Both prospects and current members can stay up to date on legislative actions pertaining to their military and veterans' benefits, as well as events and programs that are happening within the Association. Current members, who have established logon access, can also update their membership record, subscribe to *NewsBytes* (FRA's free weekly e-mail update) and contribute to the FRA Education Foundation or Disaster Relief Fund.

If you want to read the latest news on issues that affect shipmates (or share it with a prospective member), the FRA homepage is a one-stop news stand tailor-made for you. News items from the most recent edition of *NewsBytes* are available with a single click, as are the week's syndicated "Military Update" column by Tom Philpott and the weekly articles of Sgt. Shaft (John Fales, Jr.), a columnist for the *Washington Times*. The "Current News" section of the homepage provides the latest news about what's happening in and around the Association. There's also a link to order a free *Communicate with your Elected Officials* booklet, which outlines how each person can be involved in FRA's legislative advocacy and includes a congressional directory and suggestions for sharing your views with those who represent you.

Understanding FRA's mission is critical to helping prospective

members understand the value of the Association's legislative advocacy and the benefits derived from becoming a member. The "About FRA" section of the website provides an overview of FRA's mission, goals and objectives and has excellent reference information. The page also offers links to information on the benefits of FRA membership, the history of the organization, our Americanism Essay Contest and Education Foundation, as well as a tool for locating the nearest FRA branch.

Shipmates also have access to their personal membership record through the website. The "My FRA" section allows members to log in (instructions are available on the page) to update their contact information, including their e-mail address. This allows FRA National Headquarters (NHQ) to ensure members get all the information they need to keep their membership current. This is also the area where members can subscribe to *NewsBytes*, find contact information for NHQ staff, a regional listing of branches and a link to the Auxiliary website.

The current issue of *FRA Today* is always posted on the "Publications" page, along with an archive of past issues. They are posted in PDF format and are also available in RTF format for those using digital readers to access the magazine. Many shipmates share the online version of the magazine with prospective members, highlighting specific articles that may be of interest to a prospect. The page also features *OnWatch*, our quarterly online publication for active duty and Reserve personnel.

When a fellow shipmate or prospective member asks what FRA is doing for them, direct them to the "Legislative" section of the website.



Penny Collins

Here they can review the Association's legislative agenda and congressional testimony to see exactly what FRA is doing to advance their interests. You can also suggest they visit the FRA Action Center, where they can share their views on pay, healthcare, and other quality-of-life programs with their elected officials in Washington, D.C. The Action Center lists bills of interest that affect military personnel and veterans, and includes pre-written letters on related legislative proposals. Visitors can also edit or draft their own letter to their representative or senators. By simply entering your zip code, you can identify those who represent you on Capitol Hill and communicate directly with them. Shipmates used the Action Center with increasing frequency during the 112th Congress (2011-2012), sending more than 112,000 messages to lawmakers. Let's let Congress hear from us even more in the 113th Congress!

The FRA website is intended to support shipmates, but it's also a place where shipmates can support the Association. The "Support FRA" section allows users to contribute to FRA programs online and provides the option to direct donations to FRA's general fund, Disaster Relief Fund, the FRA Education Foundation or various fundraising campaigns.

The FRA website is a valuable resource for shipmates and prospective members alike. Visit [www.fra.org](http://www.fra.org) today to learn more about, and become more engaged with, your FRA!

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**Penny Collins** is FRA's Director of Membership Development and a member of FRA Branch 24 in Annapolis, Md. She can be reached at [penny@fra.org](mailto:penny@fra.org).

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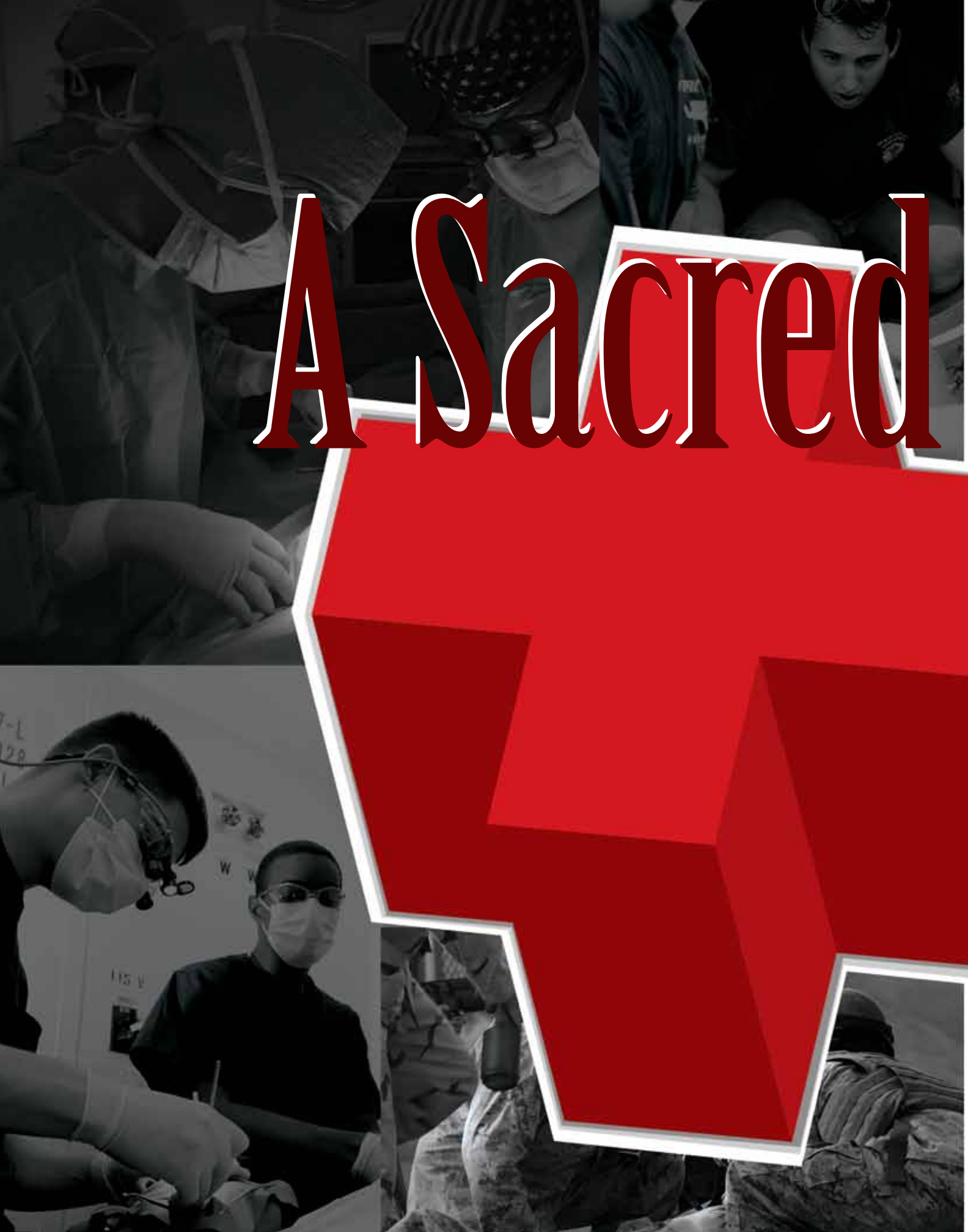
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# A Sacred



# Trust

*When American Sailors or Marines deploy, they take along an essential asset — Navy Hospital Corpsmen. The largest and most decorated rate in the U.S. Navy, Hospital Corpsmen (HMs) provide preventative care, emergency treatment and, in many cases, are the primary medical caregivers for service members while they are underway or deployed.*

**T**he proud heritage of the Navy Corpsman is as old as the Navy itself, with personnel being designated to care for the ill and injured in the 1775 Rules of Regulation of the Navy of the United Colonies of North America. Article 16 requires that “a convenient place shall be set apart for sick or hurt men ... and some of the crew shall be appointed to attend to and serve them and to keep the place clean.” In these early days, medical assistants were assigned from the ship’s company at random, usually tasked with keeping cauterizing irons hot and buckets of sand at the ready to soak up blood on the decks during surgeries.

Other official references to enlisted medical personnel appeared in 1798, when Surgeon’s Mates were assigned to assist Surgeons of the day by dressing wounds, performing blood-letting, documenting diseases and treatments, and accounting for medications and instruments. They were considered non-combatants and served as a combination of Yeoman, Corpsman and Leading Chief. The Surgeon’s Mate was also responsible for supervising orderlies and Loblolly Boys, aptly named for the thick pasty porridge they served to patients. Loblolly also became a nautical term for medicine.

According to the Navy History & Heritage Command ([www.history.navy.mil](http://www.history.navy.mil)), the Navy established the Surgeon’s Steward rating in

1839. It was changed to Apothecary in 1866 and the rate of Bayman (possibly Sick Bayman) is referenced in Navy regulations of 1870. As medicine became a more respected science, the Navy Hospital Corps — the only enlisted corps in the service — was established in 1898 by an act of Congress that also provided the appointment of the warrant rank for Pharmacist and ratings for Hospital Steward, Hospital Apprentice First Class and Hospital Apprentice. The rate of Pharmacist’s Mate was established in 1917 and in 1948, Hospital Corpsman — the generic term that had been used for decades — became an official Navy rating. The Dental Technician rate was merged into the HM rate in 2005 and there are a variety of specialties within today’s HM rating, including radiology, surgery, physical and respiratory therapy, and many others.

Regardless of their titles, these men and women have played, and continue to play, a significant role in ensuring the health, wellness and readiness of their military brethren. Today’s HMs serve in Navy hospitals, clinics and medical ships; as critical crew members aboard operational surface ships and submarines, and deploy with Marines to hotspots all over the world. And although the titles, tools and techniques have changed over the past centuries, the commitment of Navy Corpsmen remains as strong as ever.

## Training

Today's HMs undergo extensive training to meet the needs of their comrades. Following recruit training, selected Sailors attend Corpsman "A" School at the Medical Education and Training Campus at Joint Base San Antonio, Texas. This 14-week curriculum includes a combination of classroom and online courses and teaches the basics of patient care and first aid, pharmacy and lab procedures, x-rays, preventative care, hospital procedures, IV insertion, blood draws, shots, medication protocols, sanitation, public health and other basic skills. Upon completion of the course, graduates receive the Navy Enlisted Classification of HM-0000, or "quad-zero," until they receive additional training and earn more specialized designations.

In the past, some HMs went to a specialty or "C" School directly after A School, but now new HMs are usually assigned to a shoreside hospital or clinic where they gain valuable experience. According to HMC Gen Corpuz, "Most young Sailors don't know what they want to do and they remain a quad-zero until they decide. We encourage those who have an interest in specializing to get some OJT (on-the-job training) before they elect a specialty. They can request to shadow senior HMs at their assignment to learn the day-to-day responsibilities of different types of duty. Chiefs and division officers encourage this, as long as it doesn't compromise the ongoing mission. For example, all HMs get basic medical and dental training during A School, but some go to C School to get the HMDA (dental assistant) designation. They can specialize even further after that by going into orthodontics or prosthetics."



Hospital Corpsman 2nd Class Steven Matassa instructs Cpl. Mario Melendez on basic intravenous blood drawing in the battle field. The Marines trained at Camp Rodriguez Live Fire Complex as part of (FAST) Exercise 2012 to further sustain and improve weapons marksmanship.

## Marine Down! Corpsman Up!

The Navy Hospital Corps and the Marine Corps forged their relationship in 1898, when Corpsmen were assigned to the Marine Corps Expeditionary Battalion that landed at Guantanamo Bay during the Spanish-American War. Since then, every time the Marine Corps deploys, they take a complement of Navy Corpsmen with them.

Throughout World War I and World War II, Hospital Corpsmen served with distinction and earned the respect of those with whom they served. During WWII, Hospital Corpsmen served on virtually every front and with Marines in every battle in the Pacific. That tradition continued through Vietnam and Korea, to Kuwait, Iraq and Afghanistan. There is a special bond between a Marine unit and their "Doc."

In order to serve with Marine Corps operating forces, HMs must attend Field Medical Training and earn the HM-8404 or Fleet Marine Force (FMF) designation. Although this course used to be optional, it is now required for all HMs so they are qualified to deploy on short notice.

"Because every HM can get pulled for deployment, it's important for them to be properly trained and prepared to serve in the field when they're needed," says Corpuz. "It saves time if everyone is ready to be pulled when needed. Attending Field Medical Training is also a prerequisite for advancement or selection for C School."

Field Medical Training is a specialized eight-week course that familiarizes Navy Corpsmen with the Marine Corps. The course is both academically and physically demanding, with an in-depth academic curriculum that includes advanced emergency training and other medical skills HMs will need to work independently.

"There are often only two doctors for an entire Marine battalion," explains Corpuz, "so the HMs are pretty much on their own a lot of the time. When I went through Field Medical Training, we learned to treat the troops for shock, stop bleeding, things like that. Today they're learning more advanced trauma treatments, including invasive techniques like needle thoracentesis, a procedure that involves inserting a needle and catheter through the chest wall to release accumulated pressure within the pleural space. More advanced equipment also plays a part in HMs' ability to help wounded."

And the physical requirements are equally demanding, with a focus on physical conditioning, small arms training and basic battlefield tactics. "As a Doc, you have to hang with the Marines and do what they do," emphasizes Corpuz. "That means you need to be able to endure long hikes, and learn things that all Marines are trained to do, such as mounting assaults, how to prepare for ambushes and know your role in a firefight."

The days of Corpsmen being non-combatants ended during WWII and today's HMs also learn to use weapons during FMF training. "HMs didn't used to carry weapons, but the enemy got smart," Corpuz continues. "They learned that if they shot

# NAVY

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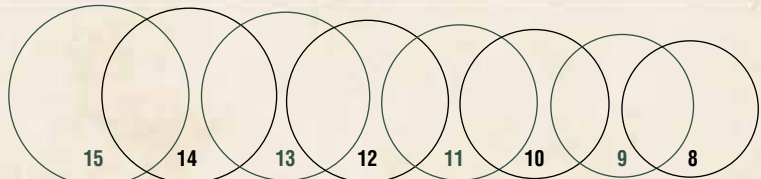


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the guy with the red cross on his arm first, there'd be nobody to take care of the other Marines who got wounded. It was like wearing a target."

The red crosses were replaced with the caduceus in WWII, and they weren't red for just this reason, explains Shipmate Charles Daniel, who enlisted in 1941 and served as a Corpsman in the South Pacific during WWII. "In the early days of the war, Corpsmen weren't supposed to carry weapons; only our medical gear ... but sometimes we cheated," chuckles Daniel, who is a member of FRA Branch 283 in Erlanger, Ky. "If we were on patrol with a rifle unit, for example, the sergeant might say, 'Hey, Doc. My pack's pretty heavy. Would you mind carrying this pistol for me?' Thankfully, I never had to use one in combat."

Today's HMs carry the same weapons as the Marines with whom they serve, usually an M-4 or a 9-mm. They are authorized to wear Marine uniforms and look essentially the same as the Marines.

Upon graduation from Field Medical Training, FMF Corpsmen may serve on a medical ship or a medical ward on a Navy vessel, or they may be assigned to be part of a Marine unit. "If they are assigned to a Marine Division, they can be in the heat of battle with Marines on the ground. These HMs provide immediate medical aid to those who are injured or wounded on the front lines," explains Corpuz.

"Or they might go to Medical Logistics and provide medical support, possibly as part of a Shock Trauma Platoon (STP) or a Field Resuscitative Surgical Suite (FRSS). These are medical personnel who are in the combat theater, but not on the front lines," Corpuz continues. "STP personnel stabilize the wounded after they are brought from the front lines. The patients may then need to go to an FRSS, if they need more advanced surgical procedures to stabilize them enough for the trip to a better equipped hospital in Kuwait or Germany, for example."

## **Training, Training and More Training**

Preparing for the battlefield doesn't end after Field Medical Training. Junior HMs who are assigned to a Marine unit get additional training at a Tactical Combat Casualty Care (TCCC) unit before they deploy. These special facilities recreate the sights, sounds and smells of a combat zone.

"TCCCs are mock war zones and very realistic," says Corpuz, who served back-to-back tours in Iraq in 2003 and 2004. "There's blood, smoke, screams, sirens, explosions, the instructors are yelling, it's very stressful and forces the students to overcome their fears and focus on the Marines who need their help."

And although he feels his training prepared him well, Corpuz feels nothing can fully prepare an HM for a real war environment. "It's critical that HMs understand what they're doing. If a 'blue-side' HM, a Corpsman who's only served in a hospital and never in the field with Marines, were thrust into the green side without training, it would be a disaster. Marines are a different breed and if an HM looks like he's lost, the Marines won't trust him. The best training I got was as an EMT



Hospital Corpsman 3rd Class Marie Pardieu applies a tourniquet on a mannequin during tactical combat casualty care training at Navy Operational Support Center (NOSC) New York City. The training is designed to enhance operational readiness by ensuring that all active and reserve component hospital corpsmen have the basic skills required in a hospital, operational or tactical setting.

[Emergency Medical Technician] and in the field, particularly when I was assigned to 1st Battalion, 5th Marines, 1st Marine Division. When I later became an IDC (Independent Duty Corpsman), I understood the procedures and advanced trauma techniques that I needed."

"There's nothing simple about combat and when you get into a combat situation, you need to think like Marines think," Daniel advises young HMs. "Otherwise, you'll become a liability instead of an asset. Being called 'Doc' is an honor and you need to do your best to live up to that honor."

Experience in the field also develops an HM's leadership capabilities, explains Atkinson, who says he learned a lot about being a leader while serving with Marines. "A Sonarman grows up learning to run the sonar; a Machinist Mate grows up learning to fix engines and other equipment. The crew is an HM's 'gear' and you can't help but learn how to keep that gear operating properly. HMs cut their teeth on leadership by working that gear every day."

## **IDCs**

There are some duty assignments that require Hospital Corpsmen to work alone in very specialized environments. Independent Duty Corpsmen (IDCs) are highly motivated and specially trained to serve without the immediate supervision of a medical officer. They may be assigned to isolated shore activities, a surface ship or submarine, diving commands, with Fleet Marine Force or SEABEE units, or special operations commands, where they are solely responsible for ensuring their crew is medically ready to face any threats they may encounter.

Each type of IDC duty requires unique training with emphasis on a particular area of expertise. For example, a Deep Sea



Diving IDC will become an expert in the use of scuba gear, hyperbaric chambers and treatments for the bends and other diving-related complications, while an IDC trained to serve with Marine Corps Special Forces will acquire scuba diving, parachuting and other highly specialized skills.

Shipmate Al Atkinson of FRA Branch 20 in Groton, Conn., is a retired Submarine IDC, who spent 24 years on nuclear submarines. He was serving as a Search and Rescue Corpsman at NAS Key West when he realized he wanted to be an IDC.

"Being able to help downed pilots or stranded boaters was a great feeling," explains Atkinson, "but it also gave me an opportunity to see what IDCs do. I was so impressed and knew then that I wanted to be one."

HMs who want to become IDCs must be at least an E-5 and have a minimum of six years in service. They must submit an application package, meet certain physical requirements and then undergo a screening process. According to Atkinson, if selected for the Submarine IDC program, they report to Basic Enlisted Submarine School in Groton, Conn.

"It's a six-week course where young Sailors learn how submarines work," explains Atkinson. "They learn fire fighting, flood control and things like that. That's followed by Submarine IDC School at the Naval Undersea Medical Institute. This is a C School that's also located in Groton."

IDCs have been described as part doctor, nurse, pharmacist, health inspector, psychologist and health physicist, and all IDCs receive basic training in laboratory and pharmacy protocols, anatomy and physiology, examination techniques and record keeping. Those who go on to be Submarine IDCs also take specialized courses in radiation health, which accounts for nine or 10 weeks of the 12-month program.

"Because all Navy submarines are nuclear powered, they must learn the medical aspects related to exposure to ionizing radiation, factors that would physically disqualify Sailors, and decontamination techniques, plus all the paperwork related to monitoring radiation exposure," Atkinson says.

All HMs who go through the Sub IDC program are assigned directly to a submarine, explains Atkinson. "By definition IDC means they serve independently and are the only medical personnel assigned to the submarine, where there are 140 to 150 crew members. There are no other medical support personnel and sometimes not even any communication with other medical professionals ... for example, if the sub is under the ice or on a mission that requires no communication."

Serving on submarines has always been independent duty for Navy Corpsmen and the story of Pharmacist's Mate Wheeler Lipes highlights the point. In September of 1942, Lipes was assigned to the USS *Seadragon* (SS-194), a Sargo-class submarine positioned in hostile enemy waters, when Seaman Darrell Rector complained he wasn't feeling well. "He had the classic symptoms of appendicitis," Lipes recalled in an interview with the Navy's History and Heritage Command. He had observed doctors performing appendectomies, but had never done one himself and was reluctant to operate on a fellow crewmember. "The CO (commanding officer) ordered me to do it."

Using torpedo alcohol as an antiseptic and kitchen implements like spoons as retractors, Lipes successfully removed Rector's inflamed appendix. It would be more than 60 years later that Doc Lipes would be recognized for his accomplishment, but he contended that Rector was really the heroic one. "It was my job to do anything I could to preserve life and, really, I didn't deserve special credit or recognition for doing that. The whole point of the operation was not that I did it. It was the fact that those hospital corpsmen on independent duty were so well trained."

When asked about WWII appendectomy, Atkinson says such procedures are pretty much frowned upon these days, but he's seen his share of medical emergencies while underwater. "There isn't one experience that jumps out; they're all unique. Because submarine crew members are highly screened, relatively young and in excellent health, most of our cases are injuries. I've seen crushing injuries and head injuries that you just deal with. We've had a couple cases of appendicitis. One time, we were on a VIP cruise and a congressional staffer was having a heart attack. He thought he was just seasick, but I was able to diagnose and treat him. He survived, but not because I did anything special. I was just doing my job and using my training."

## Humanitarians

In addition to their operational duties, some HMs are also assigned to serve in the medical civic action program (MEDCAP) that provides medical assistance to people in underdeveloped countries. A MEDCAP team often works in conjunction with ENCAP (engineering civic action program)



U.S. Navy photo by Mass Communication Specialist 1st Class Jayme Pastoric

Chief Hospital Corpsman Nathanael Warren ties a Bowline knot in a circle search line during joint diving search operations. Corpsman Warren participated in Navy Diver-Southern Partnership Station, a multinational partnership engagement designed to increase interoperability and partner nation capacity through diving operations.



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and DENTCAP (dental civic action program) teams to improve the quality of life for civilians in these nations. These programs also provide training opportunities for U.S. personnel, help promote regional stability and U.S. interests.

While engineering teams build schools, highways and other infrastructure, and DENTCAP personnel treat the dental needs of the patients, MEDCAP members provide inoculations and treat the medical needs of underserved populations.

"We had two doctors, two ophthalmologists, two dentists and 17 or 18 HMs," Corpuz says of his three-week humanitarian tour in Bangladesh. "We spent the first week or so securing the area and setting up the facilities to see patients. After that, we saw between 900 and 1,200 patients a day. There were often another 3,000 waiting outside to see us.

"The language barrier was challenging, but the Bangla army also provided some medical personnel and a few guards, so they were able to do a bit of translation," continued Corpuz. "There were some bumpy patches, but in the end a sense of mutual respect evolved and, most importantly, a lot of people got the medical and dental help they needed, which generated a great sense of unity. We served a combination of Hindu and Muslim patients, many of whom previously saw Americans as oppressive invaders. Seeing us care for their medical needs opened their eyes and helped them understand we want to help, not occupy their country. It was exhausting, but very worthwhile duty."

## Patients First

Hospital Corpsmen obviously learn a great deal about diagnosing and treating injuries and illness, but being an HM is about more than that. "You have to be sincere in your desire to help and do your best to care for Sailors and Marines," says Corpuz. "One of the toughest parts of being an HM is that we want to save everyone, but sometimes we just can't. It's very difficult to care for someone and then have them die in your arms. We swear an oath to save life and limb and it's frustrating when we can't."

"All of my training prepared me well, but I learned the most from one of the most loved and most respected lieutenants in the Navy Nursing Corps, Lt. Mary Smith," recalls Daniel of his wartime training. "She imparted her knowledge and skills, but most importantly, she shared her attitude that the patient always comes first. She's a hero to me."

And heroism is evident in the vast array of decorations and honors that have been bestowed upon Navy Corpsmen over the past two centuries. Hospital Corpsmen have earned 22 Medals of Honor, 174 Navy Crosses, 946 Silver Stars and 1,582 Bronze Stars in recognition of their valor — making HM the most decorated rate in the U.S. Navy. Shipmate Daniel believes the Navy Hospital Corps is also the most decorated corps of any service, based on a percentage of personnel, involved in WWII. Twenty ships have been named in honor of Hospital Corpsmen, but that's not enough for Shipmate Daniel, who spent much of his early WWII service evacuating

wounded Marines from Guadalcanal and Tulagi by plane or ship to hospitals in Bora Bora, American Samoa and Sydney, Australia.

"If you go over the list of HMs who earned the Medal of Honor, you'll see that many were wounded or killed protecting a fallen Marine. The true heroes are the Hospital Corpsmen who died in combat. In many cases, they took gunfire and fell on a Marine, protecting the fallen even after their own death," explains Daniel, who is working to get his home state of Kentucky to name a bridge or highway in honor of Hospital Corpsman. "I haven't had much success so far, but I'm 88 years old and I figure I've got a few good years left in me. I'm going to keep pushing till they give Corpsmen the recognition they deserve."

## They Call Me "Doc"

The tradition of service, leadership and heroism continues today and is underscored by the mutual admiration that Navy Corpsmen and Marines have for one another.

"I loved serving with Marines. No operational unit deploys without a Corpsman and the work HMs do is literally a matter of life and death. We're dealing with people's lives and if we make a mistake, there's no second chance. In the end, it all comes together," Corpuz continues, "— the training, hospital duty, service with Marines, EMT duty, learning from doctors — HMs learn to take care of Sailors and Marines and fulfill their corpsman's oath," in which they vow to hold the care of the sick and injured to be a sacred trust.

"The relationship between HMs and Marines is one of mutual respect; mutual worship, you might say. Being called 'Doc' for the first time was such an honor," remembers Daniel, who had the experience on Tulagi when he was helping members of the 1<sup>st</sup> Raider Battalion. "I knew what it meant and the respect that was behind it. And I knew the Marines would never leave us out or behind. The moments I remember most from WWII are those where we'd be flying or sailing into an area to evacuate the wounded and I'd wonder what kind of reception we'd get. I adopted a 'Que Cera Cera' attitude; it'll be what it'll be, but I always knew I could depend on those around me."

"'Doc' is sort of an honorary title; it's not given, it's got to be earned. We have a bond of sisters and brothers and respect each other," says Shipmate Paul Conlin. "Marines and Corpsmen always have each others' backs." Conlin served as a Navy Corpsman between 1970 and 1992.

"When someone calls you 'Doc' and you really feel it for the first time, well, there's nothing like it," adds Atkinson.



**Lauren Armstrong** is the Contributing Editor and Member of the FRA Auxiliary. She can be reached at [lauren@fra.org](mailto:lauren@fra.org).

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**3rd Battalion, 27th Marine Regiment (Vietnam-1968)**

April 15–18, 2013, Ann Arbor, MI.  
Contact Terry Rigney, 586-992-0063.

**All PF crews and USS Albuquerque (PF-7)**

March 14–16, 2013, Baton Rouge, LA.  
Contact Charles Toler, 225-775-5809,  
cnmtoler@yahoo.com.

**Coast Guard Combat Veterans Association**

April 29–May 3, 2013, Reno, NV. Contact Mike Placencia, 9804 Iroquois Lane, Bakersfield, CA 93312-5323, 661-401-0609, cgmastarchief22@hotmail.com.

**Escort Squadron 3 Ships/Navv**

April 17–21, 2013, San Diego, CA.  
Contact Nelson Combs, 415-776-3343,  
DrJazzCom@sbcglobal.net.

**Florida CPO Association**

April 10–13, 2013, Pensacola, FL.  
Contact C.V. Lindley, 9729 Shadow Wood Dr., Pensacola, FL 32514, 850-712-4664,  
cvjan@cox.net.

**Navy ODIN Early Warning Squadrons VX-4 and VW-2**

May 19–21, 2013, Savannah, GA. Contact Walter S. Jones, 19710 Gulf Blvd., Apt. 201, Indian Shores, FL 33785, 727-517-1407, wsjdrj@att.net.

**NMCP 62 & Edzell, Scotland SEABEES**

February 21–24, 2013, Hampton, VA.  
Contact Norm Hahn, 1805 Oaklawn Dr., Eau Claire, WI 54703, 715-834-4780,  
normhahnjr@yahoo.com.

**USN, USMC & USCG Parachute Riggers**

May 14–17, 2013, Pensacola, FL.  
Contact Lee Meents, 11572 S. 150 Rd., Wood River, NE 68883-9362, 308-380-8282, leemeents@gmail.com.

**USS Arlington (AGMR-2)**

April 3–9, 2013, Virginia Beach, VA.  
Contact Ken Cox, 863-307-3187, kcox@tampabay.rr.com.

**USS Caliente (AO-53)**

October 10–13, 2013, Baltimore, MD.  
Contact Jack Hughes, 44041 Fieldstone Way California, MD 20619, 301-392-3031, hughesjm@yahoo.com.

**USS Conserver (ARS-39)**

April 18–21, 2013, Corpus Christi, TX.  
Contact Mark Benoit, 110 Santa Fe, Victoria, TX 77905, 361-932-1132,  
mark@yourmomsplace.net.

**USS Des Moines (CA-134) Reunion Association**

August 2–4, 2013, Mercer, PA. Contact Arthur Weeks, 5 Karen St., Portsmouth, RI 02871, 401-683-3131, ca134@cox.net.

**USS Fox (DLG/CG-33)**

September 26–29, 2013, San Diego, CA. Contact Phil Habib, 117 Elaine St., Goose Creek, SC 29445, 843-569-0981,  
habibphil@comcast.net.

**USS Hawkins (DD/DDR-873)/Navy**

September 10–14, 2013, Branson, MO.  
Contact Bob Gates, 1209 Kettle Rd., Altoona, PA 16601, 814-941-9298,  
rgates2053@aol.com.

**USS Higbee (DD/DDR-806)**

September 15–19, 2013, San Diego, CA.  
Contact Gil "Rod" Rodello, 829 S. 43rd St., Springfield, OR 97478, 541-747-1408, gilrodhighbee@comcast.net.

**USS Leyte (CV-32)**

October 2–6, 2013, Orlando, FL. Contact Le Grande W. Van Wagenen, 43 Frederick Place, Parlin, NJ 08859, 732-727-5993,  
leyte1956@aol.com.



**USS Paul (FF/DE-1080)**

August 9–13, 2013, Bloomingdale, IL.  
Contact Rick Martin, 412 Nilsen Rd NE, Cedar Rapids, IA 52402-2116,  
319-389-5160.

**USS Randolph (CV/CVA/CVS-15)/USS Terror (CM-5)**

September 22–29, 2013, Indian Rocks Beach, FL. Contact Sal Rizza, 321-454-2344.

**USS Raton (SS/SSR/AGSS-270)**

October 2–6, 2013, Silverdale, WA.  
Contact Larry Kramer, 6326 N.E. Barrett Dr., Poulsbo, WA 98370, 360-697-2842,  
RATONAGSS270@HOTMAIL.COM.

**USS Spinax (SS/SSR-489)**

May 20–24, 2013, Groton, CT. Contact Jack Hunter, 37 Namquid Drive, Middletown, RI 02842, 401-849-7282,  
jhunter2007@cox.net.

**USS Whitehurst (DE-634)**

June 27–29, 2013, Knoxville, TN. Contact Gordon Leslie, 803-276-2232.

Members can post reunions online at [www.fra.org](http://www.fra.org), submit to [reunions@fra.org](mailto:reunions@fra.org) or mail to: FRA Reunions, 125 N. West St., Alexandria, VA 22314.

LOOKING FOR...

**RM2 John F. Price**

is currently an FRA Member-at-Large and is looking for anyone in Branch 367 that may have known him back in the 1956–1968 era. He was stationed at NAVCOMSTA, Philippines, from 1960 to 1968 period and on a ship in the area from 1956–1960. He's anxious to connect with anyone who might have known him back then. Please contact Shipmate Price at 307-672-5512 or 1025 N. Main St, Sheridan, WY 82801.

**Gerald Apodiaca**

He was a Navy diver in Portsmouth Va., in 1960. Please contact Charlie Drefs at [charliedrefs@yahoo.com](mailto:charliedrefs@yahoo.com).

**Seabees**

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**HM Lewis E. Schiofield**

1949–1951, I went through boot camp, Hospital Corpsman School in San Diego, Calif., with him and we were stationed together at Camp Pendleton Naval Hospital in Oceanside. Calif. If you have information on him, please contact Art Haffner, 415 Carol Court, Molalla, OR 97038-9305, 503-829-8011.

**Shipmates from USS New Orleans**

I have a cruise book from WESTPAC 1980. You pay postage. Contact Gene Jarnagin at 651-454-3402.

**ICC Frank Walters**

I worked with him when he was an IC detailer (1979–81). Please contact Roger Wilder at [rog-chriswilder@hotmail.com](mailto:rog-chriswilder@hotmail.com) or 920-737-7490.

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NAME	BRANCH	NAME	BRANCH
Albright, Frank, QMC, USCG	109	Hall, Ray M, RMCS, USN	MAL
Anderson, Clarence O, AMHC, USN	047	Hannum, David L, MOMM2/C, USN	024
Anderson, David W, AS1, USN	192	Hanson, Terry L., SCPO, USN	091
<b>Andrich, Ralph J, ADC, USN</b>	<b>276</b>	Harvey, Benjamin R, AEC, USN	219
		Henley, James H, AGC, USN	161
Bailey, Jack A, SN, USN	267	Herring, Lacy, MSGT, USMC	MAL
Balogh, William, BMC, USN	046	Higgins, Paul D, ADC, USN	249
Beard, Robert L, BMC, USN	161	Hill, John R, MSGT, USMC	089
Beaumont, Arthur F, BMC, USN	046	Hobbs, Thomas M, CPO, USN	060
Beddow, Thomas F, YNCM, USN	219	Hohorst, Thomas J, PO1, USN	MAL
Bennett, Lorenzo E., AE3	MAL	Holmes, Richard A, CWO2, USN	292
<b>Berg, Harold A, EMCS, USN</b>	<b>230</b>	PRPSW, Holz, Glenn E, FTCS, USN	289
Blondin, Charles C, CTRCR, USN	MAL	Hubbard, L D, TMC, USN	MAL
Bohannan, John C, OS1, USN	MAL	Hunter, Donald W, BR1, USN	087
Boone, Roland W, RM1, USN	334		
Brown, Norman V, BRCS, USN	346	Jevitzky, Frank H, MSGT	009
Byrne, Paul M, LT, USN	MAL		
		Kelsea, Oscar G, ADC, USN	093
Cabaday, Charles J, ADJC, USN	051	Kennedy, William F, ADC, USN	126
Carlos, George B, FTGC, USN	008	Knighton, Jesse R, ATCS, USN	312
Carter, Charles M, HMC, USN	MAL	Kruse, Ronald, ABCM, USN	137
Catron, Delbert F, LT, USN	175	Lail, Clarence D, PCCM, USN	207
Clark, William T, MMC, USN	147	Lewis, Gayland D, ADR1, USN	055
Cook, Robert O, ADC, USN	089	Little, Donald A, GMC, USN	001
Cooley, James S, SCPO, USN	MAL		
Corby, Richard, AGC, USN	MAL	Maier, John W, AM3, USN	MAL
Couch, William R., BM3, USN	283	Marsh, Myrle F, CAPT, USN	MAL
Cox, William J, CWO2, USN	MAL	Martel, John D, AKCM (LA), USN	091
Crouse, Daniel M, HMC, USN	040	McClellan, Rex S, GMC, USN	022
Custead, Elmer B, HMCM, USN	182	McGee, Acil A, EOC, USN	364
		<b>Mehalick, Joseph, ENCM(SS), USN</b>	<b>020</b>
Decoux, Wilfred J, SKC, USN	060	Merrell, Louis E, YNC, USN	MAL
Delafosse, Joseph N, GYSGT, USMC	MAL	Morgan, James M, CTRC, USN	MAL
Dilley, Walter C, FTC, USN	335	Mountain, Charles R, LCDR/MSC,	
Donnelly, Ambrose T, CDR, USN	MAL	USN	MAL
		Moyer, Edward D, PNCM, USN	117
East, Amy A, CTIC, USN	MAL	Myren, Frederick S, QMCS, USNR	136
Eaton, William H, PO2, USN	022		
Elliott, Thomas E, AMS1, USN	156	Nance, Charles R, ADR1, USN	210
Embry, Robert J, YNC, USN	MAL	Nery, Del S, SHCS, USN	084
		<b>Nery, Ben F, SD1, USN</b>	<b>084</b>
Farrell, Paul D, UT1, USN	311	Nigh, Richard L, AMEC, USN	061
Farren, John L, SSGT, USMC	053		
Farrow, Shelby E, HMC(SS), USN	008	Oberkonz, Robert, ADC, USN	188
Fernando, Salvador B, DK1, USN	127	Oliver, Wilbur H, HMCM, USN	007
Ferrentino, Julius R, AEC, USN	147		
Fisher, John P, GYSGT, USMC	324	Patton, Leslie K, ADC, USN	MAL
Foley, Franklin E, HMC, USN	377	Pfaff, Virgil L., YN2, USN	230
Fourcade, Emile J, CAPT, USNR	162	Piotrowski, Francis, HTC, USN	MAL
Fourney, Louis J, PO1, USN	172	Port, Alfred J, SKC, USCG	037
Franco, Joseph P, ADC, USN	124	Pratt, George W, LCDR, USN	099
Freedle, Jimmy D, BMC, USN	047		
		Rasmussen, Charles, CTAC, USN	109
Giblin, Pershing W, HMC, USN	371	Rennicks, Edward J, UTC, USN	031
Gierard, Ronald, DMC, USN	MAL	Reynolds, Robert E, SKCS, USN	072
Gosse, Melvin, PH1, USN	260	Richard, Robert F, RDC, USN	344
Greenwood, Raymond A, LICS, USN	060	Rowlands, William, SKC, USN	269



NAME	BRANCH
<b>Rudolph, Arthur L, SKC, USN</b>	<b>177</b>
<b>Ruhe, George H, SHC, USN</b>	<b>022</b>
Schmitz, David J, QMC(SS), USN	136
Sciortino, Joseph W, BMC, USN	060
Scott, Gerald S, MMCS, USN	163
Sears, Billy D, MMC(SS), USN	046
Selinsky, Matthew T, PR1, USN	136
Seltman, Louis F., USN	MAL
Shadrick, Thomas L, GMCS, USN	047
Sheffler, Gerold E, HM1, USN	182
Smith, Richard A, AOCS, USN	MAL
Spalding, Robert C, ADC, USN	MAL
Sparkman, Delous R, LCDR, USN	034
Spencer, Saundra K, CWO3, USN	024
Starks, Gerald, TN, USN	309
Stiles, John R, MMCM, USN	117
Tardo, Adam A, BMC, USN	179
Thompson, James W, BMC, USN	MAL
Tobar, Frank, USN	291
Tuyay, Santiago R, EN1, USN	008
Virden, Willie, CM1, USN	MAL
Wainio, Jack W, CTTC, USN	024
Waller, Ernest C, HMCS, USN	386
Wanek, Wilbur A, ADCS, USNR	071
Warman, Gary Douglas, LCDR	163
Waters, Nicholas J, HTCM, USN	013
Wells, Wilford, YN1, USN	MAL
Wheeler, Joe V, HMC, USN	MAL
<b>White, Henry M, LT, USN</b>	<b>022</b>
Wolf, Max, MSC, USN	008
Worth, Thomas A, TMC, USN	MAL
Yuzon, Pedro V, PO1, USN	MAL
Zeruth, Garry L, PO1, USCG	269

Names in **red** indicate 50 year continuous members.

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**BRANCH 126 JACKSONVILLE, FLA.**

Shipmates and Auxiliary members participated in the Jacksonville 2012 Veteran's Parade. Shown (l to r, seated) are Shipmate Johnny Johnson, Unit members Deborah Winn, Shirley Attebery, Edith Johnson, Flo Kulier and Shipmate Bill Kulier. Standing (l to r) are Shipmates Ed Gribbin, Don Rodely, Bud Attebery, Al Peter, Dave Pippin, Branch President James Thomas and Unit President Veralyn Thomas.



**BRANCH 267 ST. LOUIS, MO.**

Branch members helped sponsor and attended the naturalization ceremony for 23 new U.S. citizens at the Ulysses S. Grant National Historic Museum in St. Louis. Sylvester Martin (left) represented the American Legion (he is also an FRA member) and RPNC John Partin represented the FRA and both were interviewed by a local radio station.



**BRANCH 13 ATLANTIC CITY, N.J.**

Branch members donated a wheelchair to Shipmate Joseph Urbonas, a disabled veteran from the Vietnam era. Branch Secretary Bob Burness (left) and President Bob Campbell (right) flank Mary Urbonas, who gratefully accepted the wheelchair on her husband's behalf.



**BRANCH 113 STOCKTON, CALIF.**

The branch celebrated the U.S. Navy's 237th anniversary by hosting a Navy Ball, where Rear Adm. Bonnie B. Potter, USN (Ret.), the first female physician selected for flag rank, was the guest speaker. In a traditional ceremony, the youngest member, Chris Faddis, and oldest member, August Thomas, cut the birthday cake.

**BRANCH 4 WASHINGTON, MD.**

PNP Bob Bastian (left) accepts his 60-year continuous membership certificate from Shipmate Charles Fedora, a shipmate he's known since 1951. They were reunited when Bastian presented Fedora with his 60-year FRA membership pin back in March of 2012. Now Fedora is returning the favor. Congratulations to both of these exemplary shipmates!





### BRANCH 89 ATLANTA, GA.

Shipmate John Sailors (l) receives his certificate and pin for 40 years of continuous FRA membership and service from Branch Membership Chairman Wayne Barron.



### BRANCH 1 PHILADELPHIA, PA.

Branch members recognized FC-1 Dean Berkovics for his outstanding performance and selection as Enlisted Person of the Quarter for USCG Sector Delaware Bay. Shown (l to r) are Shipmate Command Master Chief James Bordell, PRPNE and Branch First Vice President William H. Reese, Shipmate Berkovics, Commanding Officer Captain Kathleen Moore, and PRPNE and Branch President Charles E. Rainey.



### BRANCH 171 SOUTHERN LUZON P.I.

Shipmates provide healthy snacks twice a week to malnourished children at Guerilla Elementary School in San Pablo City.



### BRANCH 40 CHESAPEAKE, VA.

Shipmates and former Navy divers Leroy Brown (left, the oldest living Navy Master Diver) and PNP Jim Scarbro were among the more than 600 attendees at the commissioning of the Mark V Monument at the Naval Diving and Salvage Training Center in Panama City, Fla. Affectionately known as "the Jake," the statue pays tribute to all military divers. Scarbro used the event as an outreach opportunity, passing out issues of the October 2012 *FRA Today* (featuring Navy Divers) and applications to prospective members.



### BRANCH 98 SHREVEPORT, LA.

Shipmates (l to r) Chuck Lester (Branch President), Emmett Smith, Rodney Longstratt and Charles Burkhardt participated in Shreveport's Veterans Day Parade.

**To submit** a photo for *News From the Branches*, please e-mail a photo as an attachment in jpeg format to [FRA Today@fra.org](mailto:FRA Today@fra.org) or mail a high-quality photograph to *FRA Today*, 125 N. West Street, Alexandria, VA 22314. Please include a brief description of the photograph and include the names of those pictured. Laser prints and scanned copies of photographs cannot be accepted.

## A Message from the Northwest Regional President Sharon Holloway

**I WOULD LIKE TO** thank the units of the Northwest Region for giving me the opportunity to serve you once again as the Regional President.

We need to help our National President Diane Hoover with her President's Project, "VetDogs", and National Vice President Carolyn Whitaker's membership project, "Keep Them for 2." We are still losing a lot of members after just one year. Unit Vice Presidents need to contact new members on their roster personally, by letter or phone call and try to get them involved. Once new members get involved, they usually stay.

Our organization has been very busy over the holidays with our veterans and VA hospitals. We filled food baskets, made lap robes and helped out with Christmas parties at the hospitals.

I received this letter and thought it was worth sharing:

*This is the 9th year that Wyoming FRA Branch and Unit 59 has been the sponsoring organization for Toys for Tots. The Laramie County program is the only Toys for Tots program out of 748 programs that sets up a warehouse and allows parents and children to come in and 'shop.' We had approximately 45 members who volunteered from October through the week of December 10-14. The number of volunteer hours for that final 4-day period totaled more than 700 hours.*

*In addition to working at the warehouse, volunteers began work in August, contacting businesses for raffle prizes and items for the kickoff in early October. Branch and Unit members distribute the items to collection sites all over Cheyenne, and pick up the toys the week before Thanksgiving until the distribution week. Branch and Unit volunteers also 'man' the Stuff a Truck, sponsored by Spradley Barr Motors and KGWN News Channel 5.*

*We had a very successful Toys for Tots program this year. We provided toys for approximately 800 children in Laramie County. This is the largest number of children we have served who met the guidelines of Needs, Inc. Each child received three toys, one stuffed toy, one game, one book, one puzzle, and four stocking stuffers.*

*This year we also expanded our volunteer base that included members of the community, students from the International Baccalaureate program at East High School, as well as members of the Air Force and Guard. We had more support from area businesses than ever before, and each year this continues to grow.*

*Since the average age of our FRA members is around 70 years, the support we received from Navy Operational Support Center was invaluable! It was great having them be a part of this very worthwhile project. We are proud that we were able to 'carry on' with the Toys for Tots program here in Cheyenne, even though we do not have Marines assigned here.*

Our thoughts and prayers go out to those who have lost a loved one. If you have been ill, we wish you a quick recovery.



**SHARON HOLLOWAY**  
Regional President Northwest

**ATTENTION:  
U.S. NAVY VETERANS  
MESOTHELIOMA  
COMPENSATION CLAIMS  
FILING DEADLINE**

U.S. Navy veterans have been exposed to asbestos onboard ships and many have developed mesothelioma lung cancer as a result. Millions of dollars in compensation are available for those who have been diagnosed with mesothelioma lung cancer and their loved ones. Thousands of US Navy veterans have already received compensation. Strict time deadlines may bar late claims. If you or a loved one has been diagnosed with mesothelioma then you need to ***call now*** for a free consultation and *Claims Information & Evaluation Package*.

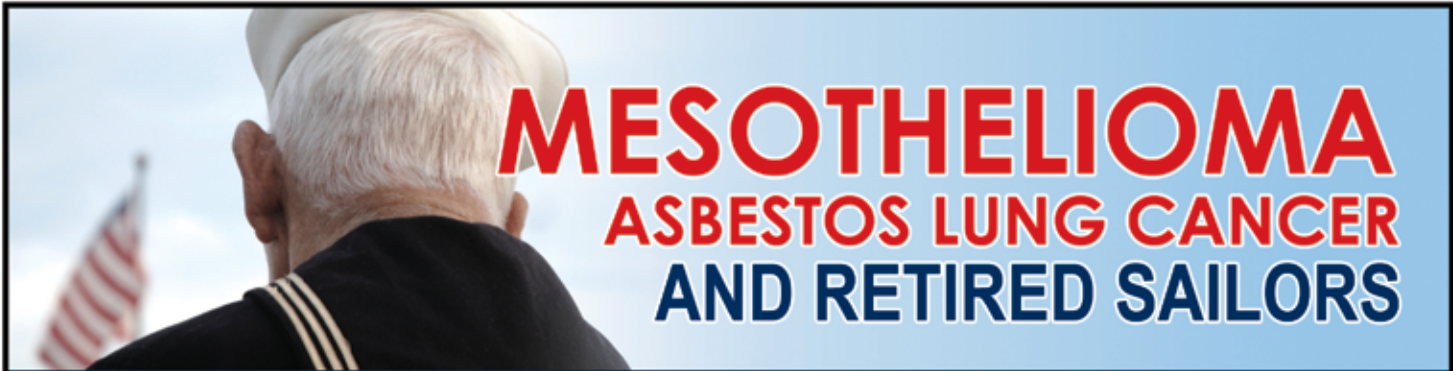
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**1-888-310-2138**  
**NAVY VETERANS MESOTHELIOMA CLAIMS HOTLINE**

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ALEXANDRIA, VA 22314-2754



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Your legal claims must be filed within the time period allowed by law or you and your family members will lose all of your rights to recover against the corporations that are responsible for your injuries. **CALL NOW!**

*"These guys sure helped me out after I got diagnosed"*

**LeRoy Riddell**

1935 - 2008

U.S. Navy Retired

Member VFW, DAV, American Legion and the Fleet Reserve

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