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Newslines The military

Turmoil

From previous page

"The memorandum also indicates that officials at the highest levels of Walter Reed and the U.S. Army Medical Command were informed about the dangers of privatization, but appeared to do little to prevent them."

The memo signed by Garibaldi requests more federal employees because the hospital mission has grown "significantly" during the wars in Iraq and Afghanistan. It states that medical command did not concur with their request for more people.

"Without favorable consideration of these requests," Garibaldi wrote, "[Walter Reed Army Medical Center] Base Operations and patient care services are at risk of mission failure."

'No way they didn't know'

Weightman arrived at Walter Reed as commander in August. By then, a Government Accountability Office report had already laid out the problems with the Army's medical evaluation system that occurred between 2001 and 2005, and an inspector general investigation was underway that ultimately found 87 problems with the medical evaluation system.

Those well-documented problems occurred during the tenures of Maj. Gen. Kenneth Farmer, now retired, who was at Walter Reed from 2004 to 2006, and Kiley, now the Army surgeon general, who served as Walter Reed chief from 2002 to 2004.

"It's clear that General Kiley, the surgeon general at the Army, knew about the conditions at Building 18," McCaskill said, referring to the facility just off the Walter Reed campus where some outpatient troops are housed.

Critics, including soldiers, lawyers and lawmakers, say the problems at Walter Reed have been known for years — through soldier complaints, congressional testimony, and investigations by the GAO and the Rand Corp.

"The chain of command knew about this," Paul Rieckhoff, director of Iraq and Afghanistan Veterans of America, told Army Times. "There is no way they didn't know. In 2004, we knew soldiers were carrying the paperwork through the snow. Congress needs to find out who knew and clean house."

Congress added a couple of provisions to the 2007 Defense Authorization Act in hopes of helping soldiers through the process — including better training for counselors in the physical evaluation board system, and a requirement that board members document the medical evidence behind service members' disability ratings, rather than denying them by simply writing "pre-existing condition."

PETE GEREN

Title: 28th undersecretary of the Army, the Army's No. 2 civilian leader, since Feb. 21, 2006.

Duties: Serves as deputy and senior adviser to the secretary of the Army and is acting secretary in the absence of the secretary. He assists the secretary in fulfilling statutory responsibilities for



recruiting, supplying, equipping, training and mobilizing the Army and managing the Army's annual budget, and active-duty, National

Guard, Army Reserve and civilian personnel.

Other positions:

■ Joined the Defense Department in September 2001 as special assistant to the secretary of Defense with responsibilities in the areas of interagency initiatives, legislative affairs and special projects.

■ Served as acting secretary of the Air Force from July to November 2005. Attorney and businessman in Fort Worth, Texas.

■ Member of Congress from 1989 until his retirement in 1997, representing the 12th Congressional District of Texas for four terms. He served on the Armed Services, Science and Technology and the Public Works and Transportation committees.

Education: Attended Georgia Tech 1970-73; bachelor of arts from University of Texas in 1974; law degree from University of Texas Law School, 1978.

MAJ. GEN. ERIC B. SCHOOMAKER

Title: Commanding general, U.S. Army Medical Research and Materiel Command and Fort Detrick, Md.

Military service includes:

■ Assistant chief and program director, Department of Medicine, Walter Reed Army Medical Center, 1982-1988.

■ Medical consultant, Headquarters, 7th Medical Command, Heidelberg, Germany, 1988-1990.

■ Deputy commander for Clinical Services, Landstuhl Army Regional Medical Center, Landstuhl, Germany, 1990-1992.

■ Chief and program director, Department of Medicine and Director of Primary Care, Madigan Army Medical Center, Tacoma, Wash., 1992-1995.

■ Director of medical education for the Office of the Surgeon General, 1995-1997.

■ Commanded the Army MEDDAC (Evans Army Community Hospital) at Fort Carson, Colo.

■ Command Surgeon for Army Forces Command, 2000-2001.

■ Commander, 30th Medical Brigade, Heidelberg, 2001-2002.

■ Commanding general, Southeast Regional Medical Command/Dwight David Eisenhower Army Medical Center, 2002-2005.

■ Chief, Army Medical Corps, appointed in 2002. **Education:** Medical degree from University of Michigan Medical School, 1975; doctorate in human genetics, 1979, several medical courses.



said, shaking his head and laughing. "No shit, Sherlock."

Meanwhile, he said, he was told last spring that the Army inspector general was reviewing the whole system — which Army officials verified this week. The IG asked him to provide documentation from the cases he had looked at.

"I did," he said. "But then they told me to stop, saying, 'We've already talked to people — it's not a problem.'"

He has letters documenting the responses.

Another complaint resulted in a "final response" that he hadn't provided enough information for an investigation — even though Parker never appears anywhere without PowerPoint slides packed with information.

"I've hit them time after time," he said. "I can show you back to March 1, 2006."

So then he started hitting Congress, where the response was often disbelief.

"That's typical," Parker said. "It is hard to believe."

The Army response to media coverage of the problems seems to have loosened things up — though the blame, he said, is rolling downhill.

Soldiers in Building 18 reported that their first sergeant and platoon sergeants would be replaced within a month.

But several soldiers told Army Times in December that those were exactly the people who were trying to fix things, and that they were brought in specifically to solve some of the problems in January 2005.

A new beginning

Pvt. Martin Jackson, of the 1st Armored Division, spent almost two years in the Medical Hold Unit recovering and waiting on paperwork. Though he complained extensively about the physical evaluation board system, he praised his noncommissioned officers.

"Now we have formations once a day, and we don't have to hunt down our platoon sergeant," as they had to before 2005, Martin said. The current first sergeant is "the first one here and the last to leave. The platoon sergeants you have now? They actually care. With the new [company] commander and first sergeant, there's been a big turnaround."

Spc. Karl Unbehagan, of the 3rd Infantry Division, also spent several months at Walter Reed and remembers what it was like before the new first sergeant.

"The platoon sergeant was in medical hold with mental issues," Unbehagan said. "He'd answer your questions between slugs of Cold Duck. If it weren't for our [current] direct chain of command, I wouldn't have gotten anything done." □

Staff writers Matthew Cox and Rick Maze contributed to this report.