Veterans Affairs Department officials acknowledged repeated, major failures surrounding the agency’s acquisition programs and modernization objectives, testifying that the VA's procurement management processes were “headed in the right direction” despite continued challenges.

Michael Parrish, chief acquisition officer and principal executive director for the office of acquisition at the VA, said the agency has made “major improvements” around information sharing and evidence-based policymaking under Secretary Denis McDonough, from chartering the Evidence-Based Policy Council (EBPC) and the Investment Review Council (IRC), to developing a procurement management review process and regularly conducting operational management reviews.

But the House Veterans’ Affairs Committee grilled the agency’s acquisition experts over what Chairman Rep. Mark Takano, D-Calif., described as a “fundamental lack of planning, budgeting and adherence to contracting best practices by VA and its contracting centers” over multiple administrations.

Lawmakers pointed to the botched rollout and soaring costs of the agency’s Electronic Health Record Modernization (EHRM) program, which, originally estimated to cost $16 billion, could now top $50 billion over the next 30 years when considering additional factors like staffing and system maintenance.

Committee members also questioned whether the VA had made further progress in its plans to develop a new strategy to modernize its supply chains after the agency failed to release a solicitation earlier this summer, and noted an August report which found that VA acquisition management lacked a framework for implementation and oversight.

“Broader acquisition reform within VA is essential to its ability to survive and flourish in dynamic markets,” Parrish said, adding that “systemic reforms and new tools” like alternative contracting authorities “will allow VA to fuse acquisition with innovation.”
**Chapter/State News**

**Hot Rod Fall Out XVI**

Hot Rod Fall Out car show will take place at the Elks Club grounds in Glastonbury on October 8, 2022. The show donates part of the proceeds from the show to a nonprofit each year. Donations are matched by the Elks Club.

VVA Chapter 120 will be the benefactor this year. These donations could help to increase the funds that can be used for our scholarships.

This show is for cars that date back to 1963 or before and a lot of older owners are themselves vets. From past events, the people who attend are very generous and supportive of different causes.

For details, go to: http://www.hotrodfallout.com/

**Mary Ann M Sines**

Mary Ann M. Sines of Daytona Beach passed away peacefully on Friday, August 26, 2022. Born in Queens, NY on August 8th, 1951 to Alice and George P. Martin. She was the oldest of five sisters.

Mary Ann was a paraprofessional in Manchester CT for a number of years where she worked with special Ed students to help them achieve their best lives. She created and implemented a Multicultural program at Martin Elementary School in the early 90s. Mary Ann mentored the next generation of teachers at Eastern State University in CT.

Mary Ann was a teacher for many years at Our Lady of Lourdes Catholic School. She loved when former students would say hi and tell her what they had been up to in their lives.

She loved to learn, crochet, read, travel, and scrapbook.

She was passionate about justice and doing acts of service. She was an active member of AAUW and the Red Hats Society.

Mary Ann leaves behind her husband of 51 years, Dennis Sines (Chapter 120 Life member), her three daughters, Tanya Conway and her husband, Ken, Tamara Sines-Lyhne and her husband, Stefan and Rebecca Sines and her partner, Jamie Ball. She leaves behind her seven beloved grandchildren. She loved to hear about their adventures, admire their art, learn about their history projects, and text them emojis.

On Wednesday, August 31st a visitation was held at 10 am followed by Mass at 11 am at our Lady of Lourdes 201 University Blvd. Daytona Beach, Fl 32118

In lieu of flowers, donations can be made to Daytona State College Foundation attn: AAUW Daytona Beach Woman in Transition Scholarship, 1200 W. international Speedway Blvd., Daytona Beach Fl 32114 or at https://www.Daytonastate.edu/foundation-and-alumni/give-now.html

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**Birthday Wishes**

Birthday wishes go to our members born in October. May you have many more!

John J. Barry
Gary H. Benson
Clyde H. Callejo
Roger Conley
Roger Feder
Theodore A. Groenstein
Nancy Rousselle
David Spafford

Paul F. Barry Jr.
Robert T. Burgess
Dean Clarke
James H. Darby
Michael Grip
Lawrence Labarre
Dennis Sines
Steven A. Wowk

A special birthday wish goes to Nathan Cutler, grandson of Chapter members Michael Belliveau and John Cutler.

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POW/MIA News
From East Hartford Gazette

Remembering POW-MIA Day on Hillside Ave., East Hartford

The EAST HARTFORD VETERANS COMMISSION remembered POW/MIA’s on September 16, 2022, National POW/MIA Recognition Day - a day set aside to remember military service members that were Prisoners of War, and the more than 83,000 Americans still classified as missing in action. The memorial was held on Hillside Ave near the POW/MIA Bridge. From left: commission members Paul Barry (Chapter 120 Life member), Art Parker and Dan Lereau. Photo by John Cook

On The Hill

House Committee on Veterans’ Affairs
Votes to Send 13 Bills to House Floor

The House Committee on Veterans’ Affairs held a full Committee markup on Sep.21, advancing 13 bills that will increase accessibility to mental health care and resources, promote equitable access to reproductive healthcare services for all veterans, and ensure that veterans transitioning from service to civilian life are fully and holistically supported and able to access comprehensive benefits.

“These bills reaffirm our country’s commitment to ensuring all veterans can receive the benefits, care, and support they have earned and deserve,” said Chairman Takano. “Supporting veterans extends beyond their transition to civilian life – it includes ensuring veterans and their families have the

resources and access to benefits and care necessary to live meaningful lives after leaving military service.”

A list of the bills passed today can be found below:

- A.N.S. offered by Rep. Bost to H.R. 5918 - To amend title 38, United States Code, to ensure that the Secretary of Veterans Affairs repays members of the Armed Forces for certain contributions made by such members towards Post-9/11 Educational Assistance (Rep. Banks)
- A.N.S. offered by Rep. Levin to H.R. 4601 – Commitment to Veteran Support and Outreach Act (Rep. Levin)

Veterans Affairs News

From Connectingvets

More veterans die from suicide than VA reports, new study says

A national nonprofit working to end veteran suicide says that more vets have died by suicide than the Department of Veterans Affairs has reported.

A study released Saturday Sep. 17 by America’s Warrior Partnership found that suicide among veterans is 1.37 times greater than reported by the VA from 2014 to 2018, concluding that approximately 24 veterans between the ages of 18 and 64 die each day by suicide (as determined by coroner or medical examiner) instead of the 17 veterans per day reported by the VA.
AWP President and CEO Air Force veteran Jim Lorraine said the interim summary report from the multi-year study Operation Deep Dive was created to develop a profile of veterans most at risk for suicide, as well as assist in the development of meaningful suicide prevention strategies at the local, state and national levels.

Researchers utilized state-provided death records from Alabama, Florida, Maine, Massachusetts, Michigan, Minnesota, Montana, and Oregon. They also coordinated with the Department of Defense to verify military affiliation and identify commonalities of the person, military service, and cause of death.

"By merging identified state death records with military service data and incorporating other individualized sources such as VA health care and benefits numbers, we can develop better tools and methods to prevent these heartbreaking incidents that shatter lives and communities," said Cheree Tham, Chief of Programs and Initiatives at AWP.

According to Lorraine, the eight states that were included in the study were the only ones that provided usable data.

“There are confidentiality rules,” he said.

According to the report, veterans who served less than three years were at the greatest risk for suicide. If a veteran had received a demotion while on active duty, the chances of them dying as a result of suicide went up by 56%.

The report also concluded that Coast Guard veterans were the most likely to die by suicide, followed by Marine Corps, Army, Navy, and Air Force veterans.

Operation Deep Dive also found that the VA has not been accounting for self-injury mortality, which is attributed predominately to overdose deaths. Separate of suicide, the rate of SIM among veterans is at least 20 per day. SIM is defined by accidents or undetermined deaths that are closely aligned with self-harm/suicidal behavior.

Lorraine said when suicide and SIM are combined, the true rate of deaths among veterans is at least 44 per day or 2.4 times the rate the VA reports. The difference in the data is likely due to undercounting of veteran deaths and the greater specificity of the decedent's demographics, military experience, and death details available to Operation Deep Dive, he explained.

"If we are going to make progress toward preventing former service member suicide, we need better data," he said.

A report released by the VA on Monday found fewer veterans died by suicide in 2020 than in any year since 2006.

“The VA has not been accounting for self-injury mortality, which is attributed predominately to overdose deaths. Separate of suicide, the rate of SIM among veterans is at least 20 per day. SIM is defined by accidents or undetermined deaths that are closely aligned with self-harm/suicidal behavior,” said Cheree Tham, Chief of Programs and Initiatives at AWP.

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“Never Again Will One Generation of Veterans Abandon Another

A pandemic-induced backlog of veterans’ records requests at the National Archives and Records Administration is on the decline, but it’s still a top priority for President Joe Biden’s pick to lead the agency.

The backlog, which reached about 600,000 requests at its peak, has now dipped to about 440,000. Colleen Shogan, the White House nominee for national archivist, said despite the backlog having “reduced considerably,” there’s still a long way to go.

“I view this as the most important discrete problem facing me, if I’m confirmed as archivist of the United States,” Shogan said at the Senate Homeland Security and Government Affairs Committee hearing on Sept. 21.

One of the first items on her agenda if confirmed as archivist, she added, would be paying a visit to the National Personnel Records Center (NPRC) in St. Louis, Missouri, where military and medical records are stored. Of the 2 million boxes of records that NARA houses across 15 warehouses in the city, just 10% are electronic.

“I want to get there on the ground, meet the leadership of the NPRC, meet the talented staff of the NPRC and come up with a sensible plan of how we can reduce this backlog at a faster pace,” she told the committee.

The Technology Modernization Fund in May invested $9.1 million in NARA to address the backlog of veterans’ records requests, which are required for veterans to receive medical treatment, unemployment assistance and other benefits from the Veterans Affairs Department. The investment would go toward creating a cloud-based platform for the records, enabling NARA
Never Again Will One Generation of Veterans Abandon Another

The CONNECTION October 2022

staff to more quickly and securely deliver veterans’ records requests.

And beyond committing to assessing the drivers of the backlog and creating a specific plan to eliminate it, Shogan said the work doesn’t end there.

“There has to be a second step, which is to make sure that backlog is not created in future circumstances,” she said. “We hope that the pandemic is over, but we can never predict what is coming down the road in the future. I believe there has been great progress by the Department of Veterans Affairs in moving to digitize those records in a timely fashion.”

“There’s a good end to this story, if we can get there,” she added.

If confirmed, another item high on Shogan’s to-do list would be helping agencies quickly and efficiently digitize their records.

In 2019, the White House and NARA called on agencies to manage all permanent and temporary records electronically, or store them in commercial records facilities, by Dec. 31, 2022. After that, NARA said it would no longer take records transfers in analog formats, and would only accept electronic records with appropriate metadata.

Since then, though, more than a third of agencies have said they will miss the December deadline, and nearly a quarter don’t yet know whether they will need an extension. NARA said in July that the COVID-19 pandemic caused a “considerable drop in agencies’ confidence” of meeting the deadline.

At the committee hearing, some Senators also shared concerns with NARA’s capabilities and resources, particularly for agencies still trying to meet the deadline to digitize their records.

“[It’s] clearly a big undertaking to make those kinds of changes, plus to go back and digitize an awful lot of records that have already been placed there in a paper format,” HSGAC Chairman Gary Peters (D-Mich.) said.

Shogan said if the Senate confirms her, she would work to meet or exceed NARA’s goal of reaching 500 million digitized copies of records by 2026. Right now, NARA’s catalog sits at about 200 million digitized copies.

“When the records start to come from federal agencies in that digital format, not the analog format, there’s going to have to be a lot of work and communication with federal agencies, so that those records come to the National Archives in the right format, and with the right information and descriptive data, so that the records can be useful and available to the American people,” Shogan said.

If the Senate confirms her, Shogan would be the 11th national archivist and the first woman to hold the position.

From Nextgov

VA Official Has 'Deep Concerns' About Agency's EHR Deployment

Senators pressed officials from the Veterans Affairs Department to address cost and usability issues hindering the rollout of VA’s multi-billion dollar Oracle-Cerner Millennium electronic health record system during a Senate Appropriations Subcommittee on Military Construction, Veterans Affairs and Related Agencies hearing on Wednesday Sep. 21.

Dr. Shereef Elnahal, VA’s undersecretary for health, said he has “deep concerns about the system as it’s functioning for frontline employees and service to veterans,” noting that he visited the VA Central Ohio Healthcare System in Columbus earlier this year following the medical center’s EHR deployment and “saw folks struggling with this system deeply.”

“Among the most concerning things that I saw was a phenomenon whereby our frontline clinicians, when they put in an order or were trying to interface with the system, they were not confident in many cases and in many clinical settings that those orders were actually getting where they needed to go,” Elnahal said, adding that the experience led to a broader review within VA of how workflows and the configuration of the EHR system could be improved.

Sen. Martin Heinrich, D-N.M., who chairs the subcommittee, reiterated his support for VA’s EHR modernization efforts, calling it “an extremely important effort to solve a decades-long problem.” But Heinrich expressed concern about VA’s transparency throughout the EHR deployment process, citing cost overruns that were not initially conveyed to Congress when the program was launched and an implementation process that has been hindered by delays and functionality concerns.

“[I] am glad VA is not rushing deployments until there’s more confidence in the likelihood of success, but the department needs to be straightforward with Congress about what is reasonable and achievable,” Heinrich said.

VA signed a $10 billion, 10-year contract with Cerner in 2018 to implement new, interoperable EHR software across the department’s national network of 171 medical centers, replacing its legacy system. The EHR system rollout, however, has been plagued by software outages, logistical delays and patient safety
issues that have hampered the deployment process. A highly critical watchdog report released by the VA Inspector General’s office in July found that the EHR system deployed at the department’s initial rollout site—the Mann-Grandstaff VA Medical Center in Spokane, Washington—routed more than 11,000 clinical orders for veterans to an “unknown queue” without alerting clinicians.

Sen. John Boozman, R-Ark., the subcommittee’s ranking member, noted that approximately $8.5 billion has already been appropriated to launch the EHR system over the past five years, and that VA is seeking another $1.75 billion for the program for fiscal year 2023.

“At the outset, we were told that this program would cost no more than $16 billion and would be complete in 10 years,” Boozman said. “In the years since, VA has deployed the new system at only a small handful of sites, and those rollouts have been challenging, to say the least.”

VA’s beleaguered EHR deployment has garnered bipartisan criticism from lawmakers, who passed legislation—the VA Electronic Health Record Transparency Act—earlier this year requiring that the VA Secretary submit reports to Congress on cost, performance and patient safety issues related to the system’s deployment. President Joe Biden signed the bill into law in June. The Senate subcommittee hearing was held one day after lawmakers on two House Veterans’ Affairs subcommittees faulted VA for its major acquisition failures, including its EHR system deployment.

Sen. Jon Tester, D-Mont., who chairs the Senate Veterans’ Affairs Committee, criticized VA’s lack of progress deploying the new EHR system and said “I don’t know if we’ve got a return on investment to speak of at all.”

“We're into this damn near five years—it'll be five years in May—and we still haven't done a damn thing,” Tester said. “I mean, we've implemented, and it's been a trainwreck, in my opinion."

The VA had rolled out the EHR system at five medical sites, before announcing in July that it was postponing future deployments of the software until next year. VA initially delayed a planned EHR rollout at Boise VA Medical Center in June, before indefinitely postponing the site’s rollout in July after an assessment determined that “more could be done to ensure a safe and successful deployment.” VA’s EHR deployment schedule currently has the software slated to go live at 25 medical sites, including Boise, in fiscal year 2023.

VA Deputy Secretary Donald Remy said the department is “looking closely at the schedule” and that “there are issues that need to be resolved before we can go live.”

Remy said that VA uses a site readiness checklist—which includes issues related to training, infrastructure and patient safety protections—to determine whether or not the EHR system is ready for deployment. That review process, he said, will largely guide future rollouts.

“As we’re working with a site for potential deployment, we work through these issues to make sure they have them covered,” Remy added. “An example of the effectiveness of that checklist was Boise recently, where we determined we weren’t going live as we went through the checklist.”

A cost estimate provided to Congress by the Institute for Defense Analyses (IDA) in July estimated that the lifecycle cost of the EHR system’s implementation would be more than $50 billion over 28 years, with the EHR deployment process at all of VA’s medical centers taking 13 years. As was noted during the hearing, VA has not yet allowed IDA to publicly release its cost estimate.

Dr. Brian Rieksts, a research staff member in IDA’s cost analysis and research division, said that VA’s 10-year, $16 billion implementation and cost estimate did not take into account assumed productivity losses at medical centers deploying the EHR software, as well as sustainment costs needed to keep the EHR systems operational. And Rieksts told Boozman that IDA’s additional three-year deployment estimate was based on risk analysis.

“We estimate a range of one to five additional years over the 10-year period that will be required, and that’s based on both looking at historical programs and the challenges that they’ve had, and then events that have happened with the current program that have led to delays that don’t indicate that this program would behave differently than historical programs,” Rieksts said.

Remy said, however, that VA still believes it can accomplish the EHR rollout within the 10-year contract period—although he added the caveat that the department is committed to doing so in a “safe, effective manner for our clinicians and our veterans.”

Mike Sicilia, executive vice president for industries at Oracle, told the senators that proper implementation of the EHR system was Oracle’s “most important” priority and added that the company has moved 2,000 employees onto the project to complement the existing Cerner team. Sicilia said Oracle— which acquired Cerner in June—still believes it “can deliver this system within the budget envelope and without the need for any additional funds.”

Sicilia cited Oracle’s recent partnership with Accenture to “evaluate the current training program,” as well as the launch this week of a new dashboard “that catalogs our to-do list and progress being made” on the project, as examples of the company’s commitment to ensuring the success of the EHR system’s deployment moving forward.

“As we have examined the underlying causes for these delays and challenges, our conclusion is that we have found nothing that can’t be addressed in reasonably short order to get us back on a workable schedule and within budget,” Sicilia said. “We know we have a lot to prove with deployments next year at larger, more complex sites. We view the next year as a key window for building momentum and turning the corner.”
QuickSubmit is the new evidence intake tool for VA claims
Filing a claim online? QuickSubmit has replaced Direct Upload as the online tool to share documents with VA’s Evidence Intake Center. Veterans, service members, their family members, VA employees and business partners will have access to the most efficient way to submit documents and evidence to VA.

Improved access to your files
QuickSubmit provides a fast and effective alternative to faxing or mailing your documents, while also maintaining a record of your uploads. It uses the latest technologies and a human-centered approach to improve the user experience, simplify the submission of evidence, reduce upload errors and improve processing time. The online tool automatically transfers claim documents and information for preliminary processing.

With QuickSubmit, you are able to upload larger files (increased from 25 MB to 200 MB per file) and more of them (increased from 10 to 30 documents per submission). It also allows users to choose from multiple Sign-In partners including:

- DoD Common Access Card (CAC);
- DS Logon;
- IDme;
- GOV;
- My HealtheVet;
- VA Personal Identity Verification (PIV) Card

Register your account today
As a new user, you will need to register with QuickSubmit during your first sign-on attempt. This is a one-time requirement where you can select your appropriate user type: Veteran, Veteran family member, VA business partner (e.g., officer, private attorney, or agent) or VA employee. Previous Direct Upload users will also need to register the first time they access QuickSubmit.

Direct Upload will still be available as read-only until all submission records are transferred over to QuickSubmit. Currently, there is no set date for this transfer to be complete.

To apply for and manage VA benefits and services you’ve earned as a Veteran, service member, or family member, visit www.va.gov.

The Air Force’s Only Ace Pilot of the Vietnam War Might Well Be the Last Ace Pilot Ever
Fifty years ago in August 1972, fighter pilot Capt. R. Steve Ritchie achieved his fifth aerial victory and ace status. Given the limitations of a 21st century dominated by guerrilla warfare and remote-controlled electronic surveillance aircraft, he may well be the last.

Richard Steven Ritchie, born in Reidsville, North Carolina, on June 25, 1942, graduated from the Air Force Academy in Colorado Springs, Colorado, on June 3, 1964, and got his wings at Laredo Air Force Base, Texas. In his first Vietnam combat tour in 1968, Ritchie flew 95 forward air controller missions directing artillery or airstrikes from an F-4 Phantom II out of Da Nang Air Base with the 480th and 489th Tactical Fighter squadrons of the 366th Tactical Fighter Wing. In 1969 he returned stateside to attend the Air Force Fighter Weapons School at Nellis Air Force Base, Nevada.

Back in Vietnam in January 1972, Ritchie was assigned to the 555th Tactical Fighter Squadron, 432nd Tactical Reconnaissance Wing, at Udorn Royal Thai Air Base. North Vietnam invaded the South on March 30 and as one response President Richard Nixon launched Operation Linebacker, an all-out air offensive against the North on May 10. That day was marked by several ferocious engagements for the U.S. Air Force, U.S. Navy air wings and their opponents, the North Vietnamese air force.
Ritchie flew an F-4D the morning of May 10 as deputy leader of Oyster Flight (call sign Oyster Three) with Capt. Charles Barbin DeBellevue in the back seat as his weapons systems operator, or WSO. Maj. Robert A. Lodge and WSO Capt. Roger C. Locher led the flight.

At 9:42 a.m. the flight ambushed four MiG-21MFs of North Vietnam’s 921st Fighter Regiment north of Hanoi. Lodge used AIM-7E-2 Sparrow radar-guided air-to-air missiles to destroy one MiG, his third victory of the war. Then 1st Lt. John D. Markle and Capt. Steve D. Eaves claimed another. Either MiG might have been piloted by Nguyen Cong Huy, who returned to Noi Bai air base with his plane badly damaged.

When Ritchie fired his first AIM-7 it did not explode, but his second missile did. DeBellevue, seeing a yellow parachute, shouted, “Oyster three’s a splash!” The struck pilot was probably Cao Son Khao, who ejected but died from injuries later.

Lodge, aiming for his fourth kill, was closing on the remaining MiG-21 when his F-4 was attacked by a Shenyang J-6, a Chinese-built MiG-19, of the 925th Fighter Regiment. Lodge was killed, but Locher was able to eject. The enemy victor, Nguyen Manh Tung, overshot the runway at Yen Bai. His J-6 exploded, killing him. Locher evaded capture for 23 days, a record for a pilot during the war, and was finally rescued by helicopter on June 2.

On May 31, Ritchie and 1st Lt. Lawrence H. Pettit, flying an F-4D, destroyed a MiG-21MF about 30 miles south of the Chinese border, killing Senior Lt. Nguyen Van Lung of the 921st Regiment and giving Ritchie his second shootdown.

On July 8 Ritchie teamed up with DeBellevue in a cannon-armed F-4E to attack MiG-21PFMs threatening an EC-121K radar-equipped airborne early warning aircraft. Getting behind the enemy, Ritchie loosed two AIM-7s that destroyed the No. 2 MiG. He launched a third missile to blow apart the leader. Senior Lt. Nguyen Ngoc Hung and Lt. Vu Van Hop of the 927th Fighter Regiment were killed. Ritchie was one MiG away from ace status.

On Aug. 28 the captain was back in his earlier F-4D with DeBellevue when they found MiG-21s approaching head-on. Maneuvering behind them in a steep, climbing turn, Ritchie launched two AIM-7s at extreme range, then his remaining two. Number three was also a miss, but the last one struck home. Ritchie had become the Air Force’s only ace pilot of the Vietnam War.

In April 1974 Ritchie resigned his regular Air Force commission but remained with the Reserves. On April 8, 1994, he was promoted to brigadier general. In the course of his career Ritchie received an Air Force Cross, four Silver Stars, 10 Distinguished Flying Crosses and 25 Air Medals. Phantom F-4D 66-7463, in which Ritchie scored both his first and fifth victories, is on outdoor display at the Air Force Academy.

This article appeared in the Autumn 2022 issue of Vietnam magazine.