



THE CENTURION

DELAWARE COMMISSION OF VETERANS AFFAIRS

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Jack A Markell, Governor

Jeffrey W. Bullock, Secretary of State

Volume 17, Number 4

James L. Thompson, Chairman

Antonio Davila, Executive Director

Oct-Dec 2010

CHAIRMAN'S UPDATE

I would like to take this opportunity to thank all the Commissioners for their support over the past two years as Chairman. The upgrades to the Delaware Veterans Memorial Cemetery in Sussex County have now been completed. I would also like to thank all of the employees of the Delaware Veterans Home (DVH) for their outstanding dedication in caring for our veterans. DVH employees remain committed to serving the needs of our veterans and making DVH "Number One" in the State. We need to further energize our veterans organizations in welcoming our newest returning veterans / family members in order to encourage them to join / participate in our posts and chapters. New membership generates involvement as well as new ideas necessary for overall growth and sustainability. The Caregiver and Veterans Omnibus Health Services Act was approved and signed by the President; a landmark for our veterans and their families. The Public Relations Society of America (PRSA) has awarded the DAV's successful *Stand Up for Veterans Public Outreach Program* its top Silver Anvil Award for Public Affairs. The *Stand Up for Veterans Public Outreach Program* successfully won passage of vital legislation, including the Veterans Health Care Budget Reform and Transparency Act and the Caregiver and Veterans Omnibus Health Services Act. We need to thank all our volunteers (men and women) for giving freely of their time to help brighten the lives of veterans by driving them to the VA Hospital, Community Based Outpatient Clinics, and our Veterans Home. Finally, I want to thank the entire veterans community for your support during my tenure as Chairman.

Sincerely,
Paul V. Lardizzone
Outgoing Chairman

THOUGHT FOR THE QUARTER

“There’s always something to be thankful for. If you can’t pay your bills, you can be thankful you’re not one of your creditors.”

VETERANS DAY CEREMONY

The Military Officers Association of America and the Delaware Commission of Veterans Affairs will host a Veterans Day Ceremony on Thursday, November 11, 2010. The program will be held at the Memorial Bridge Plaza, Delaware Memorial Bridge, New Castle, Delaware, beginning at 10:30 AM. For further information, please call (800) 344-9900 (in state only) or (302) 739-2792.

APPLE PIE SOCIAL AND STORIES OF WWII

On Sunday, November 14, 2010, at 1:00 pm, Admission is Free. Join us as we honor the “Greatest Generation” at our annual Veteran’s Day celebration. Hear first hand accounts of life during World War II both overseas and on the home front. We will be serving coffee and apple pie courtesy of Perkins restaurant. Must preregister as space is limited. White Clay Creek State Park Judge Morris Estate 76 Polly Drummond Hill Road Newark, DE 19711 (302) 368-6900. If you are interested in sharing your experiences during WWII please contact us to set up an interview. We would like to have all speakers interviewed and ready by mid-October.

HAVE YOU HEARD?

VA on wheels! The VA is reaching out in a new way by bringing service to Veterans and their families where they live with 50 new Mobile VA Vet Centers (MVCs). The MVCs are customized RV offices equipped to provide emergency support if needed. MVC services include PTSD and military sexual trauma counseling, bereavement counseling, marriage and family counseling, VA benefits information, and suicide prevention referrals. They travel to rural and other under-served areas to save travel time and money for Veterans and their families. Many Vet Center staff members are combat Veterans who relate directly to the Veterans they see. Jesse Davis, a Veteran and Mobile Vet Center driver, states, “The more Veterans I’m

around, the more my confidence goes up. And the more my confidence goes up, the more I can help others with information. That’s important for me and I love my job because of it.” Typical of MVC use was last week’s visit to the PX at Fort Benning, Ga. The mobility of these traveling counseling centers provides convenience, visibility and awareness to the services offered by the VA, and, ultimately, aid for those in transition between military and civilian life. Learn more about MVCs at <http://www.vetcenter.va.gov/> (*Office of the Secretary, Veterans Affairs, 2010*)

SECRETARY SHINSEKI’S MESSAGE TO GULF WAR VETERANS

August 2010 marks the 20th anniversary of the beginning of the Gulf War, launched with Operation Desert Shield and followed by Operation Desert Storm. VA honors this milestone with a renewed commitment to improving our responsiveness to the challenges facing Gulf War Veterans. First and foremost, VA is an advocate for Veterans – we are committed to finding innovative solutions to long standing issues and to empowering Veterans and other stakeholders to be a part of the solution. VA recognizes and values the selfless service and sacrifice of Gulf War Veterans and their families, and continues our efforts to address the unique health needs of Gulf War Veterans. Today, more than 250,000 Operations Desert Storm and Desert Shield Veterans receive disability benefits from VA. VA has treated nearly 150,000 Operations Desert Storm and Desert Shield Veterans for illnesses associated with their military service. We vow to reach more of these Veterans and have taken steps to do so. Earlier this year, VA proposed a new rule to make it easier for Gulf War-era Veterans to obtain disability compensation and related health care. This rule, once it takes effect, will grant presumptive service-connection for nine infectious diseases associated with military service in Southwest Asia and Afghanistan. In addition, VA’s ongoing Gulf War research and Task Force efforts continue to examine multisymptom illnesses,

and other conditions associated with service in this conflict. VA continues to participate in Federal research efforts on Gulf War illnesses, contributing more than \$158 million of the \$406 million in total Federal commitment. VA is taking bold steps forward in how we consider and address the challenges facing Gulf War Veterans as well as the challenges facing all Veterans. Our commitment to the Nation's Veterans is unwavering. As your Secretary and fellow Veteran, I pay tribute to all of you who so bravely served and thank all Gulf War Veterans for their heroic efforts. Our Nation owes you a debt of gratitude. We acknowledge and honor the contributions of your service. Thank you.
--Eric K. Shinseki (*Office of the Secretary of Veterans Affairs, July 28, 2010*)

**VA RESEARCH FINDS POSSIBLE LINK
BETWEEN HEAD TRAUMA AND CHRONIC
TRAUMATIC ENCEPHALOMYOPATHY**

*Research May Lead to Better Treatment
For ALS-Like Disease*

Researchers with the Department of Veterans Affairs (VA) and the Center for the Study of Traumatic Encephalopathy (CSTE) at Boston University School of Medicine have provided the first pathological evidence of a link between repeated head injuries—such as those experienced by athletes in contact sports such as boxing, football, and hockey—and a disease (chronic traumatic Encephalomyopathy) that resembles amyotrophic lateral sclerosis (ALS), also known as Lou Gehrig's disease. The results will appear in the September issue of the *Journal of Neuropathology and Experimental Neurology*. "This initial research shows great promise for further understanding what people go through after a traumatic brain injury, whether sustained on the battlefield, during a contact sport, or from other injury," said Secretary of Veterans Affairs Eric Shinseki. "Advancing our knowledge in this area is the key to better treatment outcomes." The brain has long kept scientists baffled, as its elaborate structure makes it uniquely difficult to study. Brain biopsies are too risky as general practice, and diagnostic images often fall short of providing the desired details for full

understanding of brain function. So, neurology researchers rely heavily on brain banks, including some housed at the Bedford (Mass.) VA Medical Center, for collecting clues about the biological nature of brain-related medical conditions. For the new study, Dr. Ann McKee and colleagues at the CSTE examined the brains and spinal cords of 12 athletes donated by family members to the CSTE Brain Bank at the Bedford VA Medical Center. The researchers found that all 12 athletes showed evidence of chronic traumatic encephalopathy (CTE), a progressive neurodegenerative disease caused by repetitive trauma to the brain. The condition can result in large accumulations of tau proteins, killing cells in regions of the brain responsible for mood and emotions. In addition to CTE, three of the athletes had been afflicted by motor neuron disease, with severe and progressive muscle weakness and deterioration for several years before their death. The brains from patients with CTE and motor neuron disease showed a unique pattern of tau and deposits of another protein, TDP-43, in the spinal cord and brain. The pattern was different from that found in the most common form of ALS. Previous epidemiological studies have suggested a possible link between repetitive head trauma experienced by athletes and combat veterans and the development of motor neuron diseases such as ALS. "This is the first pathological evidence that repetitive head trauma might be associated with the development of an ALS-like disease," said McKee. "Although much more work is necessary to completely understand this association, if repetitive head trauma can trigger this kind of neurodegeneration, then by studying the effects of repetitive mild brain trauma, we can learn about the early triggers of ALS and how to slow, reduce and reverse them. "Future work based on these observations offers a significant opportunity to develop treatments to benefit Veterans and all Americans well into the future," McKee said. McKee and her colleagues are also studying whether military troops with traumatic brain injury from blasts or other exposures on the battlefield experience the same types of effects. "We can't treat what we don't understand," says McKee. "The idea with these

brain banks is to learn as much as possible about brain diseases, including their origins and any environmental or genetic triggers.” McKee is director of neuropathology at the Bedford (Mass.) VA Medical Center, where this research was conducted. She is also director of the Bedford-based VA brain banks, and CSTE co-director, as well as an associate professor of neuropathology and neurology at Boston University School of Medicine. ALS affects about 30,000 people in the United States. It is relentlessly progressive and is nearly always fatal. The disease causes degeneration of nerve cells in the brain and spinal cord that leads to muscle weakness, muscle atrophy, and spontaneous muscle activity. The cause of ALS is unknown and there is no effective treatment. In 2008, VA established ALS as a presumptive compensable illness for all Veterans with 90 days or more of continuously active service in the military. (VA Newsletter, August 19, 2010)

VA OBLIGATES LAST OF ITS RECOVERY ACT FUNDS TO HELP VETERANS
\$1.8 Billion Investment Improves Care and Services for Veterans

The Department of Veterans Affairs (VA) committed the last of its \$1.8 billion in Recovery Act funds July 31, one of the first federal agencies to achieve that milestone. Projects at more than 1,200 sites in all 50 states, the District of Columbia and Puerto Rico will increase access to health care and services to Veterans, while creating jobs and stimulating the economy. “Veterans across the Nation are benefiting from these Recovery Act funds,” said Secretary of Veterans Affairs Eric K. Shinseki. “Recovery Act projects are improving medical care, speeding claims processing, enhancing our national cemeteries, advancing our energy efficiency, and generating jobs for Americans.” VA rapidly put American Recovery and Reinvestment Act (Recovery Act) funding to work to improve its medical facilities, revitalize its national cemeteries, hire claims processors, upgrade technology systems and assist states in acquiring, building or remodeling state nursing homes and domiciliary facilities for Veterans. The funding

received by VA is part of President Obama’s economic recovery plan to improve services to America’s Veterans. By obligating these funds quickly, VA is revitalizing its infrastructure and moving needed money into the economy. Using Recovery Act funds, VA entered into 1,521 contracts with 696 contractors. Three-quarters of the contractors are Veterans owned businesses, either service disabled Veteran owned businesses or Veteran owned small businesses.

Health Care Services Enhanced

VA obligated \$1 billion to improve VA medical care facilities across the country through building renovations, roadway and walkway repairs, high cost equipment replacement, security improvements, new construction, replacement of steam lines and boiler plants, upgrades in emergency power distribution, and purchases of additional emergency generators among others. To help Veterans access care, Recovery Act projects in VA medical facilities will add or improve more than 26,000 parking spaces and 39 elevator banks are being built or upgraded. VA will upgrade nearly 14,000 inpatient bed spaces, while 16 pharmacy renovation projects will help Veterans get medicines quicker and more efficiently. More than 14,400 clinical improvement projects, some with multiple exam rooms, will be undertaken. Funds are also helping ensure VA health care facilities function more efficiently (by reducing annual recurring maintenance and upkeep cost) and are equipped to provide world-class care to Veterans.

Specific projects include: Bedford, Mass., VA Medical Center (VAMC) mental health unit renovation, \$7.165 million; Philadelphia VAMC emergency room renovations, \$4.74 million; Cleveland VAMC surgical suite refurbishment, \$8.5 million; New Haven, Conn., VAMC private and semi-private inpatient units, \$7.743 million; Hines, Ill., VAMC electrical distribution infrastructure upgrade, \$8 million. VA serves 5.5 million Veterans annually in its hospitals, outpatient clinics and rural health programs.

Energy Conservation

VA is promoting energy conservation and reducing its environmental footprint by investing \$200

million in Recovery Act funds for renewable energy generation technologies, metering systems, and energy conservation and water-saving measures. In total, the renewable energy systems awarded represent more than 9 megawatts of planned power generating capacity from solar, wind, and cogeneration technologies. Two national cemeteries, in Bourne, Mass., and San Joaquin, Calif., anticipate producing enough electricity to supply nearly all of their energy needs. VA is installing solar photovoltaic systems at facilities in Albuquerque, N.M.; Tucson, Ariz.; Dublin, Ga.; Calverton, N.Y.; San Joaquin, Calif., and Riverside, Calif. VA is erecting a wind turbine in Bourne, Mass., and is constructing a geothermal system at its medical center in St. Cloud, Minn. In addition, VA is building renewably fueled cogeneration systems at five medical facilities: Togus, Maine; White River Junction, Vt.; Chillicothe, Ohio; Loma Linda, Calif.; and Canandaigua, N.Y. VA is installing metering systems at all VA-owned facilities to monitor energy utilities, including electricity, water, chilled water, steam, and natural gas consumption. VA is also investing \$197 million in energy and water infrastructure improvements. VA facilities across the country are upgrading their facilities to reduce energy consumption and water usage and better manage related costs.

Claims Processing Improvements

VA is working to improve the systems for processing claims to more quickly and efficiently deliver benefits to Veterans. VA has obligated \$150 million to hire, train and equip new employees to improve claims processing and speed the delivery of benefits to Veterans. VA has hired approximately 2,700 temporary and permanent employees to assist with processing Veterans' claims for VA benefits.

National Cemeteries Revitalized

Throughout VA's system of 131 national cemeteries, 391 improvement projects are underway using \$50 million in Recovery Act funding. VA is restoring and preserving 49 historic monuments and memorials, becoming more energy efficient by investing in renewable energy sources (solar and wind), moving forward on nine energy conservation projects, and improving access and visitor safety with 49 road, paving and grounds improvement

projects. Recovery Act funds are also being used to raise, realign, and clean approximately 200,000 headstones and markers, repair sunken graves, and renovate turf at 22 VA national cemeteries.

One-time Benefit Payments

The Recovery Act provided one-time \$250 economic recovery payments to eligible Veterans, their survivors, and dependents to help mitigate the effects of the current economy. \$7.1 million were intended for administrative support of the one-time benefit payments. VA was able to successfully administer the program with a savings of approximately \$6.1 million, and may return the remaining funds to the US Treasury. (VA Newsletter, August 05, 2010)

VA/NIH AWARD \$6 MILLION FOR SUBSTANCE ABUSE RESEARCH

*Studies to Fill Knowledge Gaps about
OIF/OEF Service Members*

The Department of Veterans Affairs is partnering with the National Institutes of Health (NIH) to award \$6 million in grants for research examining the link between substance abuse and military deployments and combat-related trauma. "VA has a commitment to meet the full range of our Veterans' physical and mental health care needs, and that includes addressing substance abuse," said Dr. Joel Kupersmith, VA's chief research and development officer. "This coordinated research effort is one more way we are turning that commitment into action." NIH agencies taking part in the initiative are the National Institute on Drug Abuse, the National Institute on Alcohol Abuse and Alcoholism, and the National Cancer Institute. Several studies will look at treatment seeking patterns -- why and when Veterans ask for help, and why many don't. Scientists will also explore treatment strategies, including cognitive behavioral therapy and Web-based approaches, as well as the most effective therapies for soldiers who have other disorders, such as depression and substance abuse. Researchers will also determine if early intervention can improve outcomes. Other projects will focus on how Veterans readjust to their work and families after returning from war. Institutions receiving the

grants include Brandeis University; Dartmouth College; the Medical University of South Carolina; the National Development and Research Institutes in New York City; the University of California, San Francisco; the University of Minnesota, Twin Cities; the University of Missouri in Columbia; and the VA medical centers in West Haven, Conn.; Philadelphia; Little Rock, Ark.; and Seattle. “These research projects will give us important information about the ways that combat stress and substance abuse affect returning military personnel and their families,” said NIDA Director Dr. Nora Volkow. “This knowledge will be used to improve our prevention and treatment approaches, which we hope will reduce the burden of combat-related trauma. Working cooperatively with VA and other partners will help in finding solutions for this shared concern.” (*VA Newsletter, August 26, 2010*)

OPERATION OF THE NATIONAL CALL CENTER FOR HOMELESS VETERANS

1. **PURPOSE:** This Veterans Health Administration (VHA) Directive provides policy for the operation of the National Call Center for Homeless Veterans (NCCHV) and delineates the respective responsibilities of the facility Director, the Homeless Points of Contact (POC) and Administrative Officers of the Day (AODs) at each VA medical facility, and that of the staff at the National Call Center for Homeless Veterans (NCCHV).

2. BACKGROUND

a. The Department of Veterans Affairs (VA) has developed a 5-Year Plan with the goal of ending homelessness among the Nation’s Veterans. At the November 2009 Homeless Summit, Secretary Shinseki announced the key strategies VA would be implementing to end homelessness among Veterans by 2014. These core strategies include:

- (1) Expanding Grant and Per Diem Contract Housing, the Department of Housing and Urban Development (HUD)-VA Supportive Housing Program (VASH), and Residential Rehabilitation Services;
- (2) Increasing coordination and collaborations with community partners;

- (3) Implementing prevention services for at risk for homelessness Veterans and their families;
- (4) Expanding vocational rehabilitation services;
- (5) Coordinating mental health and primary care services; and
- (6) Implementing a national call center for homeless Veterans to promote timely and coordinated access to VA services.

b. Veterans, and others in the community, can now call the NCCHV at 877-4AID VET or 877-424-3838 to be connected to a trained VA clinical staff member 24 hours a day, seven days a week.

c. The NCCHV operates conjointly with the Suicide Prevention Hotline at the Canandaigua VA Medical Center, using the information technology (IT) infrastructure already in place, as well as the clinical expertise of their call responders.

THIS VHA DIRECTIVE EXPIRES SEPTEMBER 30, 2015

3. **POLICY:** It is VHA policy to provide a NCCHV to expedite VA services to homeless Veterans.

4. ACTION

a. Office of Mental Health Services, Office of Homeless and Residential Rehabilitation Treatment Services. It is the responsibility of this Office to ensure that:

- (1) There are adequate resources and staff to operate the NCCHV and to meet the callers’ demand for assistance.
- (2) NCCHV responders are sensitized and trained on the issues of homelessness and are aware of the available VA and community resources in order to better address the needs of callers and work more collaboratively with the VA medical facility Homeless POCs.
- (3) Homeless POCs are trained on the protocols pertaining to the operation of the NCCHV, and they understand their role in acting upon referrals made to them by the NCCHV responders.
- (4) Assistance is provided with promoting the NCCHV to interested constituents within VA and the community.

b. Veterans Integrated Service Network (VISN) Director. Each VISN Director has overall responsibility for ensuring that homeless Veterans, and other individuals, referred by the NCCHV to

each VA medical facility in the VISN, receive an appropriate response to their inquiry.

c. Facility Director. The facility Director is responsible for ensuring that:

(1) A designated primary and secondary Homeless POC are appointed and available to handle referrals that come to the medical facility from the NCCHV.

(2) Referrals made to the medical facility are handled in a timely, coordinated and compassionate manner.

(3) Homeless Veterans are made aware of all the services available to them through VA and the community.

(4) Feedback, provided by the NCCHV to the medical facility regarding the quality of their responses to referrals, is utilized to make any needed corrections or enhancements to the services extended to these Veterans.

(5) Local arrangements, at those few VA facilities where there is no AOD, are made regarding how to respond to after-hour emergencies and referral requests involving homeless veterans.

d. Facility Homeless (POCs). The facility primary and secondary Homeless POCs are responsible for ensuring that:

(1) Urgent calls that are not a life threatening emergency, but could become so, are referred to the Primary POC at the nearest VA medical facility for immediate assistance in formulating a plan of action in conjunction with the NCCHV responder. If that person is unavailable, the Secondary POC must be called.

(2) Non-urgent calls are routed to the Homeless POC at the nearest VA medical facility with the expectation that the POC, within 1 business day, will make contact with that homeless Veteran, or whoever made the call on the Veteran's behalf.

(3) Callers seeking information from the NCCHV about VA homeless programs or services are referred to the VA homeless website at: <http://www1.va.gov/HOMELESS/index.asp> , and the nearest facility Homeless POC for follow-up.

(4) Following receipt of a referral from the NCCHV, the Homeless POC documents the referral and the outcome in the Homeless web application within 5 business days. If the Veteran is currently

enrolled in the system, a notation also needs to be made in the Veteran's electronic health record.

(5) In order to keep the database of Homeless POCs current, contact is made with the designated NCCHV Program Support Assistant at the Canandaigua VA Medical Center, by phone or email when any change in POC coverage is imminent (e.g., planned sick leave, vacation, long-term sick leave, or any instance in which coverage will change for more than 1 week).

(6) They meet regularly with the facility AODs and other facility responders to discuss ways to facilitate partnerships to meet the stated parameters of this program.

e. Administrative Officers of the Day (AODs) and Homeless Program Staff. Homeless Program staff and AODs at each facility are expected to:

(1) Develop a facility specific strategy for handling after hour emergencies and referrals; and

(2) Establish close, ongoing communication, including who has primary responsibility for developing and implementing an action plan and who will provide subsequent follow-up, regarding referrals that come in.

(3) Ensure warm hand-offs, which are absolutely critical to ensure that every homeless Veteran has access to care and services and receives appropriate referrals. ***NOTE:** Warm hand-off: Connecting the Veteran to a specific person in the program to which they are being referred and, optimally, introducing the Veteran to this person so that they can begin to engage the Veteran in a treatment partnership. A warm hand-off improves the Veteran's motivation to utilize that resource and decreases anxiety by making the resource a known and familiar environment.*

f. NCCHV Staff. NCCHV staff has the following responsibilities:

(1) The NCCHV Program Support Assistant must update the list of Homeless POCs on a weekly basis and publish it on the Call Center's SharePoint for use by the NCCHV responders.

(2) NCCHV responders must answer the phone lines 24/7.

(3) The NCCHV responder must conduct a brief screen of each homeless Veteran to determine the

severity of the need. With each caller, the NCCHV responder is to obtain information regarding:

- (a) The current living situation,
 - (b) Family,
 - (c) Employment,
 - (d) Source of income,
 - (e) Legal issues,
 - (f) Previous and current use of VA and community services,
 - (g) Primary reason for the call, and
 - (h) How the Veteran can be reached for follow-up.
- (4) If the NCCHV responder deems the call is emergent, a life threatening emergency, it is handled immediately by the NCCHV staff. An intervention is initiated, and the closest VA facility Homeless POC or AOD will subsequently be notified of the call and intervention, which may or may not involve an immediate transfer to that VA medical facility.
- (5) If the call is deemed urgent, the NCCHV responder will attempt to contact the Homeless POC if the call occurs during normal business hours. If a call comes in during non-business hours (i.e., evenings, weekends, or holidays), the NCCHV must contact the AOD to consult on, and determine, the appropriate action to be taken to avoid the situation escalating into an emergent one. In addition, NCCHV clinical staff sends an email to a facility-created email group in Outlook containing a list of facility-specific staff members who are to be notified when a referral is received.
- (6) If the call is routine, the NCCHV responder attempts to contact the Homeless POC, and leave a voicemail message if the POC cannot be reached. An email message to the facility-created email group is also sent.
- (7) If the caller is a homeless non-Veteran, or their family member, the NCCHV clinical staff directs the caller to non-VA community resources.
- (8) Within 24 business hours of referring the call to a local Homeless POC, the NCCHV Health Technician staff either follows-up with a personal phone call to the POC, or checks the electronic POC response application, to determine if the appropriate person received and acted upon the referral.

(9) Within 5 business days of referring the call, NCCHV staff verifies documentation in CPRS regarding a plan and actions taken for the enrolled Veteran.

(10) Within 14 days of the referral, NCCHV staff follows-up to determine if the plan was implemented, thereby allowing NCCHV to close the case.

g. Office of Suicide Prevention. Reports containing number and type of calls, and outcomes are generated by the Office of Suicide Prevention. This information is closely monitored and used by the National Mental Health Homeless and Residential Rehabilitation Treatment Programs Office to:

- (1) Track trends pertaining to unmet needs;
- (2) Determine needs for further education or revisions of procedures and policies; and
- (3) Respond to appropriate requests for information regarding the NCCHV.

NOTE: *VISN-specific information will be shared with VISN Directors for distribution to other key VISN and medical facility leadership.*

5. REFERENCES: None.

6. FOLLOW-UP RESPONSIBILITY: The Office of Mental Health Services, National Mental Health Director, Homeless and Residential Rehabilitation Treatment Programs (116) is responsible for the contents of this Directive. Questions may be referred to (202) 461-7306.

7. RESCISSIONS: None. This VHA Directive expires September 30, 2015. (*VA Newsletter, September 28, 2010*)

VETERAN SERVICE OFFICERS

Delaware Commission of Veterans Affairs

(New Castle County) - Mr. John K. Williams - located in Bear, DE, may be reached Monday - Friday, 8:00 AM - 4:00 PM, (302) 834-8046. Please call for an appointment.

(Kent County) - Mrs. Melanie E. Bronov - Dover office - may be reached Monday - Friday, 9:00 AM - 4:30 PM, (302) 739-2792 or (800) 344-9900 (in State). Please call for an appointment.

(Sussex County) - Ms. Laurie A. White - Pyle State Service Center located in Roxanna, DE, may be

reached Monday-Friday, 8:30 AM - 4:30 PM, (302) 732-9560. Please call for an appointment.

MOBILE VETERANS SERVICE CENTER

You may contact Ms. White at the Pyle State Service Center on Mondays, Wednesdays, and Fridays at (302) 732-9560. She will be at the Delaware Veterans Memorial Cemetery (Millsboro) on Tuesdays and Thursdays, (302) 934-5653. Ms. White also provides services for veterans from the mobile Service Center at the following locations:

- OCT 13 Home of the Brave
- OCT 27 Delaware Veterans Home
- NOV 03 Georgetown Cheer Center
- NOV 10 Home of the Brave
- NOV 17 Nanticoke Cheer Center
- NOV 24 Delaware Veterans Home
- DEC 01 Georgetown Cheer Center
- DEC 08 Home of the Brave
- DEC 15 Nanticoke Cheer Center
- DEC 22 Delaware Veterans Home

American Legion

Robert McBride, Dept. Service Officer, (302) 993-7256, will visit the following posts between 9:00 AM and 12:00 NOON on the following dates:

- OCT 08 Walter L Fox, Post 32 674-3922
- OCT 15 Laurel Post #19 875-9948
- OCT 29 David Harrison, Post #14 633-1711
- NOV 05 Oak Orchard/Riverdale, 945-1673
Post #28 (8:00-12:00)
- NOV 12 Walter L Fox, Post #2 674-3922
- NOV 19 Laurel Post #19 875-9948
- DEC 03 Oak Orchard/Riverdale, 945-1673
Post #28 (8:00-12:00)
- DEC 10 Walter L Fox, Post #2 674-3922
- DEC 17 Laurel Post #19 875-9948

Disabled American Veterans (DAV)

DAV Dept. Service Officers: 302-697-9061

Paul Lardizzone: 302-382-3448
H. Mark Wischman: 302-382-3449

Kent County Schedule:

DAV Headquarters Building, 183 South Street,
Camden, DE 19934
Monday thru Thursday 8:00-12:00 PM (Walk-ins)
1:00-3:00 PM (Appt only)

Sussex County Schedule:

Department of Labor (Div of Employment & Trng)
20093 Office Circle, Georgetown, DE 19947
Thursday 8:00-12:00 PM (Walk-ins) 302-856-5230
Kent & Sussex evening appointments prescheduled
by request only.

New Castle County Schedule:

VAMC Rm 1234 - Tue & Thur 1:00 to 3:30 PM
Louis Wright Jr., Chapter 3 Service Officer

Paralyzed Veterans of America (DE/MD PVA)

Darrell Johnson, Sr., National Service Officer, VA
Regional Office, 1601 Kirkwood Hwy, Room 26,
Wilmington, DE 19805, (302) 993-7252 or (302)
993-7253. Mr. Johnson will make home visits upon
request for Vets who do not have transportation to
the VA. He will be in the Oak Orchard area the 1st
Tuesday, Dover the 2nd Tuesday, and Frederica the
3rd Tuesday of each month.

Purple Heart NSO (MOPH)

Nathaniel Johnson, National Service Officer, VA
Regional Office, 1601 Kirkwood Hwy, Wilmington,
DE 19805, (302) 993-7263 M-F 8:30 to 4:30 by
appt only.

USN Veterans Association

CDR Jim Anderson.....(302) 295-7051

Vietnam Veterans of America (VVA)

Terry Baker, National Service Officer, VA
Regional Office, 1601 Kirkwood Hwy, Wilmington,
DE 19805, (302) 993-7250 or (302) 993-7251.

Veterans of Foreign Wars (VFW)

James Withrow, Dept. Service Officer, VA Regional Office, 1601 Kirkwood Hwy, Room 21, Wilmington, DE 19805, (302) 993-7260 .

1ST Thursday

Delaware DOL (993-7260) 8:00-11:00 AM

Milford VFW (422-4412) 1:30-4:00 PM

2nd Thursday

Delaware DOL (993-7260) 8:00-11:00 AM

Milton VFW (684-4975) 1:30-4:00 PM

3rd Thursday

Delaware DOL (993-7260) 8:00-11:00 AM

Rehoboth VFW (227-3469) 1:30-4:00 PM

4th Thursday

Delaware DOL (993-7260) 8:00-11:00 AM

Seaford VFW (629-3092) 1:30-4:00 PM

5th Thursday

Delaware DOL (993-7260) 8:00-11:00 AM

NOTE: All persons interested in Outreach Services should first call our office so that some advance information may be obtained to accelerate the application process. Kent & Sussex County residents may call 1-302-993-7260. NOTE: persons desiring assistance at the Thursday-downstate locations should be at the Delaware DOL no later than 9:00 AM or at the afternoon locations by 2:00 PM. The VFW provides services to veterans and their dependents without respect to veteran service organization affiliation; membership in the VFW is NOT required for service.

DELAWARE VETERANS MEMORIAL CEMETERY

New Castle Co. Section (Bear, DE)...302-834-8046

Sussex Co. Section (Millsboro, DE)...302-934-5653

DELAWARE VETERANS HOME

100 Delaware Veterans Blvd.....302-424-6000

Milford, DE 19963

EMPLOYMENT SERVICES

Al Barclift (Wilmington).....302-761-8093

Allen Jones (Wilmington).....302-761-8141

Toney Fragier (Newark).....302-368-6622

Cliff Rumph (Dover).....302-857-5870

Kevin Gunning (Dover).....302-857-5870

Dawn Smith (Georgetown).....302-856-5230

VETERANS ADMINISTRATION

VA Regional Office (Claims & Benefits)

1601 Kirkwood Hwy

Wilmington, DE 19805.....1-800-827-1000

VA Medical Center (Healthcare)

1601 Kirkwood Hwy

Wilmington, DE 19805.....1-800-461-8262

.....302-994-2511

Dover VA Outpatient Clinic

1198 S. Governors Ave

Dover, DE 19904.....1-800-461-8262 x2400

Georgetown VA Outpatient Clinic

15 Georgetown Plaza

Georgetown, DE 19947.....1-800-461-8262

x2300

Readjustment Counseling

Vet Center (New Castle Co.)1-800-461-8262 x5434

Vet Center (Kent Co.).....1-800-461-8262 x2430

Vet Center (Sussex Co.).....302-824-0856

.....302-824-8291

Veterans Outreach Program

Listening Post-Lower Delaware.....302-422-8033

x173

RETIREE ACTIVITIES

Retired Activities Office

MSgt (R) Bill Oldham (William.Oldham.2@us.af.mil), Bldg 520, Room 105, Dover AFB, DE

19902, (302) 677-4610.

Retired Navy Activities Affairs Office

Naval & Marine Corps Reserve Center, 3920

Kirkwood Hwy, Wilmington, DE 19808, (302)

998-5194.

VETERANS ORGANIZATIONS POC

Air Force Sergeants Association
 Bill McMullen.....(302) 697-9750
American Legion
 Richard “Ric” Santos.....(302) 628-5221
AMVETS
 Albert Weir.....(302) 629-4141
Colonial Paralyzed Veterans of America
 Ron Hoskins.....(302) 365-5670
 Phyllis Palabrica.....(302) 365-5670
American Gold Star Mothers
 Pauline Anderson.....(302) 633-0239
DELVETS
 Robert Wasson.....(302) 798-2951
Disabled American Veterans
 Paul Lardizzone.....(302) 697-9061
40 & 8
 Eugene “Chip” Rosan.....(302) 678-8077
Jewish War Veterans
 Len Markovitz.....(302) 234-4785
Korean War Veterans Association
 George Goss.....(302) 424-0461
Marine Corps League
 James Thompson.....(302) 284-2708
Military Officers Association of America
 Tom Kelly (New Castle Co.).....(302) 834-9659
 Ron Sarg (Kent Co.).....(302) 678-1603

 Dick Cecil (Sussex Co.).....(302) 645-0432
Military Order of the Purple Heart
 Cornelius “Bill” Carroll.....(302) 655-3820
Military Order of the World Wars

COL (Ret) Eugene A. Hebert.....(302) 335-0110
 E-mail: gene@hebert.net
The Reserve Officers Association
 CWO John V. Hawkins, Sr. (Ret)...(302) 328-8115
U.S. Navy Veterans Association
 Jim Anderson.....(302) 295-7051
Veterans of Foreign Wars
 Paul Phillips Jr.....(302) 656-5022
Vietnam Veterans of America
 Tom Daws.....(302) 738-8875
WAVES Nat’l
 Ruth Harden.....(302) 998-1373

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SAVE THE DATE!



Saturday, April 16, 2011

8: 00 a.m. – 5:00 p.m.

Delaware Technical & Community College, Terry Campus

◆ **Workshops** ◆ **Information Booths** ◆ **Women's Health** ◆ **Screenings** ◆

◆ **Continental Breakfast** ◆ **Lunch** ◆ **Fun and Informative** ◆

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For more information call Sherri Taylor: 1-800-344-9900
Registration information to follow shortly.

Thank You, Real Heroes!



VETERANS *and* **ACTIVE DUTY MILITARY**
ENJOY A FREE SIGNATURE ENTREE*
VETERANS DAY
THURSDAY, NOVEMBER 11TH



Available during business hours on November 11, 2010 at participating Applebee's only. Dine-in from limited menu only. Beverages and gratuity not included. Veterans and active duty military simply show proof of military service. Visit applebees.com for list of acceptable proof.

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