



# THE CENTURION

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### Executive Director's Dialogue



*Antonio Davila*

**CAPITATION? ... VERA? ... ENROLLMENT? .... WHAT DOES IT ALL MEAN AND HOW WILL IT EFFECT ME?....** These are questions Delaware veterans find themselves asking as fast and furious winds of healthcare change descend upon us. **The Veterans' Healthcare Eligibility Reform Act of 1996**, Public Law 104-262, Section 104, as well as Public Law 104-204, Section 429, requires the Department of Veterans Affairs to develop new systems for the allocation of healthcare resources that reflect more efficient and equitable utilization.

David Samuels, In his recent book, **Capitation**, states that "capitation is a form of payment, whereby all revenues are fixed, are paid prospectively and not tied at all to care consumption. The popular perception incorrectly assumes that capitation is a form of reimbursement on a pre-need basis. From this negotiation standpoint, capitation is simply the payment of a fixed sum of money based on a population of potential patients to one or more providers of healthcare services who assume the healthcare risk for such individuals for a period of time. The sum of money might be indexed in various ways to make it seem less fixed (e.g., adjusting for population-based demographics such as age, sex, and socioeconomic status)." Given this definition by Mr. Samuels, and information on the new **Veterans Equitable Resource Allocation (VERA)** model that determines how the \$17 billion annual VA medical care budget is spent, VA hopes to rectify current geographic funding imbalances and equalize access to care for all veterans by implementing the following model among its 22 Veterans Integrated Service Network (VISN) healthcare systems:

1. Ensure that VA healthcare funds are distributed equitably across the nation according to the number of veterans having the highest priority for VA healthcare services.
2. Ensure that limited VA healthcare funds are used to care for the greatest number of the nation's veterans having the highest priority for VA healthcare services.
3. Comply with the requirements of PL 104-204 that requires VA implement an equitable resource allocation methodology.
4. Implement a method of allocating VA healthcare funds that is easily understood and reasonably predictable.
5. Effect a method of allocating VA healthcare funds that aligns systemwide management and operational incentives with the "best practices" in healthcare.

## THOUGHT FOR THE QUARTER

### INJUSTICE ANYWHERE IS A THREAT TO JUSTICE EVERYWHERE

Dr. Martin Luther King, Jr.

VA indicates that the VERA system and eligibility reform are very compatible. VERA allocates resources based upon national capitation prices and the estimated number of users. Eligibility reform legislation requires that the most cost-effective setting be established for enrolled veterans. This brings us to the issue of **Enrollment**.

Beginning October 1, 1998, VA is prohibited from furnishing care to veterans who have not enrolled in the system. The few exceptions include veterans with service connected disabilities rated 50% or greater and veterans discharged or released from active duty for the 12 month period following their separation for a compensable disability incurred or aggravated in the line of duty. Public Law 104-262 requires VA to design, establish and operate a system of annual patient enrollment to ensure enrollees receive care that is acceptable in quality and provided in a timely manner. Primarily, the legislation is designed to improve the cost-effectiveness of and simplify rules for providing healthcare to veterans. **VA plans to address options for an initial enrollment process that would begin to test nationally no later than October 1, 1997.**

There are many questions to be answered concerning VERA and Enrollment. My attempt at this time is to inform you that the entire process is complex, many changes are being discussed and some will become reality in the very near future. A Steering Committee has been established to oversee the implementation of Eligibility Reform as well as numerous work groups to address the various issue areas. It is now time for all stakeholders to respond. **THIS MEANS YOU!!!**

*In Comradeship,*

Antonio Davila  
Executive Director

NOTE: Also see page 3, "VA Announces Healthcare Eligibility Improvements."

#### MILITARY RETIREES FACE MEDICARE DECISION

Members of the military retiree community face a major decision as they near 65th birthdays: Whether to enroll in Medicare Medical Insurance (Part B) in addition to Hospital Insurance (Part A). This has become even more important for Medicare eligible military retirees who are finding Space A care in military Medicare facilities more scarce. Part A is free. Part B costs money, and individuals have a choice. It's possible to delay signing up for Part B because you don't want to pay the monthly premium. This decision may be appropriate for those who continue to work and the employer's group health plan satisfies the healthcare needs. However, those who are not working may find this choice expensive as the premium will increase for each year enrollment is delayed. Each part of Medicare pays for different services. Part A helps pay for inpatient care in a hospital or skilled nursing home and for home health and hospice care. Part A can supplement an employer's health plan. Part B helps pay for doctor's services, outpatient hospital care and a number other specified medical services and supplies. Although most people don't pay a monthly premium for Part A coverage, enrollees do pay deductible and co-insurance amounts. In 1996, for the first 60 days of a hospital stay the deductible is \$736; for days 61-90, the cost is \$184 per day; for days 91-150, the Medicare enrollee is responsible for \$368 per day. Medicare pays 100 percent of covered expenses for the first 20 days of therapeutic care in a skilled-nursing facility after at least three consecutive days of inpatient hospital care. For days 21-100, the Medicare patient pays \$92 per day. Part B enrollees pay a monthly premium plus the deductible and coinsurance amounts. The premium amounts are set each year by law. For 1996, the monthly premium for Part B is \$42.50. Those who are already Social Security or railroad retirement beneficiaries will receive a Medicare enrollment package in the mail about three months before their 65th birthday letting them know they are automatically enrolled for both Part A and Part B. Individuals who want both simply sign the enclosed Medicare card and keep it. Eligible individuals who need to apply for Medicare benefits include those who have not applied for either Social Security or railroad retirement benefits; those who have been government employees; and those who have kidney disease. For more information, contact Social Security or the Railroad Retirement Board. (Veterans Voice, October 1996)

#### DISCHARGE UPGRADE

The Department of Defense (DOD) is trying to identify former service members who received a less than fully honorable administrative discharge from the inactive reserve. Pursuant to a class action lawsuit and subsequent settlement agreement, discharge upgrades may now be provided to all former service members who received: (a) a less than fully honorable administrative discharge (such as “general,” “undesirable,” or “under honorable conditions”); (b) while in the inactive reserves; (c) after April 19, 1971, (or such a discharge was reviewed by a Discharge Review Board (DRB) or Board for the Correction of Military Records (BCMR) after that date); and (d) that discharge has not already been upgraded to fully honorable. Other than fully honorable administrative discharges were sometimes awarded for civilian misconduct which was not service related or impairing. The class action lawsuit was instituted to correct this situation. Specifically, the DOD requests your assistance in helping to identify the individuals who may be affected by the settlement agreement and either provide information to the National Veterans Legal Services Program (NVLSP) on their behalf so that the individual may be contacted or have the individual contact the NVLSP. Their address is: The National Veterans Legal Services Program P.O. Box 53445 Washington, D.C. 20009. NVLSP is a private, non-profit veterans service organization associated with the attorneys who brought the class action lawsuit. Any correspondence with them will be treated as confidential. The NVLSP will then provide additional information and provide assistance in determining the former service member's eligibility for a discharge upgrade as a member of the class. Additionally, it is requested that you communicate this information to the local veterans affairs offices in your state. (Dept. of Defense Ltr, 31 Aug 96)

### VA ANNOUNCES HEALTHCARE ELIGIBILITY IMPROVEMENTS

The Department of Veterans Affairs (VA) is announcing that new legislation has simplified and expanded veterans' eligibility for VA medical care. The Veterans' Healthcare Eligibility Reform Act of 1996, signed into law Oct. 9, 1996, establishes the same rules for inpatient and outpatient medical care, thereby eliminating the complicated eligibility rules and restrictions previously applied to outpatient care. Eligibility rules for VA nursing home care remain generally the same. Secretary of Veterans Affairs Jesse Brown said: “This new law means that we can now provide the most appropriate, cost-effective care to veterans in the most appropriate setting without being hampered by eligibility rules that are not always compatible with the needs of our patients.” Other provisions of the legislation include:

- Eliminating a major restriction on VA's authority to provide prosthetic devices and appliances on an outpatient basis;

- Permitting VA to provide preventive healthcare services to eligible veterans even if the veteran is not currently undergoing treatment.
- Requiring VA to establish limitations on furnishing hearing aids and eyeglasses. Regulations will be published on this change;
- Expanding VA's authority to contract with community providers for the sharing of healthcare services;
- Requiring VA to maintain specialized treatment programs for spinal cord injury, blindness, amputation and mental illnesses; and
- Extending VA's authority to treat Vietnam veterans exposed to Agent Orange, through 2002; Persian Gulf veterans exposed to environmental hazards in the Persian Gulf, through 1998; and veterans exposed to ionizing radiation, indefinitely.

The new eligibility rules for hospital and outpatient care provide that:

- VA *shall* furnish any needed hospital and outpatient care -- to the extent that Congress appropriates funds to provide this care -- to veterans receiving compensation for service-connected disabilities; former prisoners of war; World War I veterans; veterans exposed to Agent Orange in Vietnam, environmental hazards in the Persian Gulf or ionizing radiation, for illnesses possibly resulting from the exposure; low-income veterans and veterans with a noncompensable service-connected disability who need treatment for their service-connected disability.
- VA *may* furnish any necessary hospital and outpatient care to any other veteran -- but only if resources and facilities are available and only if the veteran agrees to pay VA a copayment. This includes veterans with no compensable service connected disabilities whose income and net worth are above a certain level. Veterans with a VA service-connected disability rated at zero percent who are not receiving compensation payments are in this group, except when they are receiving care for their service-connected condition or they are eligible under other criteria for cost-free care.

The legislation also requires the department to establish an annual patient enrollment system, based on established priorities, with the highest priority given to those veterans with service-connected conditions. Effective Oct. 1, 1998, many veterans must be enrolled in the plan in order to receive VA medical services. Veterans seeking care for a VA-rated service-connected condition or veterans with a 50 percent or more VA-rated disability seeking care for any condition may not be denied care because of the enrollment requirement.

**The following outlines the VA Medical care eligibility categories in more detail. The legislation established two eligibility categories:** The first category includes veterans to whom VA shall furnish needed hospital and outpatient care and may furnish nursing home care, but only to the extent that

Congress appropriates funds to provide care. This group includes:

- service-connected veterans receiving disability compensation payments;
- former prisoners of war and World War I veterans;
- veterans who were exposed to Agent Orange in Vietnam, environmental hazards in the Persian Gulf or ionizing radiation for illnesses possibly resulting from such exposure;
- low-income veterans who do not have other special eligibility but whose income and net worth are below a specified threshold based on results of means testing;
- noncompensable service-connected veterans who need treatment for their service-connected disability.

The second category includes veterans to whom VA *may* furnish needed hospital, outpatient or nursing home care, but only to the extent that resources and facilities are available and *only* if the veteran agrees to pay VA a copayment for the care. This group includes all those not listed above -- primarily nonservice-connected veterans whose incomes and net worth are above a specified threshold based on results of means testing. This group also includes higher-income veterans with a zero percent service-connected disability rating who are not receiving compensation and need care for a nonservice-connected disability, unless they are eligible for cost-free care under other criteria. **Other provisions of the legislation include:**

- Eliminating a major restriction on VA's authority to provide prosthetic devices and appliances on an outpatient basis;
- Permitting VA to provide preventive healthcare services to eligible veterans even if the veteran is not currently undergoing treatment.
- Requiring VA to establish limitations on furnishing hearing aids and eyeglasses. Regulations will be published on this change;
- Requiring VA to maintain specialized treatment programs for spinal cord injury, blindness, amputation and mental illnesses; and

Extending VA's authority to treat Vietnam veterans exposed to Agent Orange, through 2002; Persian Gulf veterans exposed to environmental hazards in the Persian Gulf, through 1998; and veterans exposed to ionizing radiation, indefinitely. (Dept. of Veterans Affairs New Release)

### AMF PROVIDES NEW SERVICE

The Airmen Memorial Foundation (AMF), has announced the availability of its new World Wide Web Home Page ([www.amf.org](http://www.amf.org)). The AMF Home Page features the new AMF Retiree Guide, which contains more than 2,200 articles that focus on military retiree areas of interest. Among the many topics in the guide are articles on health, law, the Veterans Administration, Social Security, Space-A travel, retired pay

and entitlements, and much more. Again, the AMF Home Page address is: [www.amf.org](http://www.amf.org). (Sergeants Magazine, November 1996)

### VET CENTER ELIGIBILITY CHANGES

Legislation passed by Congress and signed into law by the President changes eligibility for Vet Center services (Public Law 104-262), and extends definition of the Vietnam era war zone veterans (PL 104-275).

Vet centers serve veterans from the following periods of hostilities:

VIETNAM WAR (IN COUNTRY):	28 Feb 61 to 07 May 75
KOREAN WAR:	27 Jun 50 to 31 Jan 55
WORLD WAR II:	07 Dec 41 to 31 Dec 46

VIETNAM ERA (NOT IN COUNTRY): 5 Aug 64 to 7 May 75 (eligible until 1 January 2000, however, veterans who are Vet Center clients prior to 1 Jan 2000 remain eligible).

LEBANON:	25 Aug 82 to 26 Feb 84
GRENADA:	23 Oct 83 to 21 Nov 83
PANAMA:	20 Dec 89 to 31 Jan 90
PERSIAN GULF:	02 Aug 90 to (Open)
SOMALIA:	17 Sep 92 to (Open)

Vet Center Services include individual readjustment counseling, referral for benefits assistance, group readjustment counseling, liaison with community agencies, marital and family counseling, substance abuse information and referral, job counseling and placement, sexual trauma/harassment counseling, and community education. For more information, contact the Vet Center in Wilmington (Elsmere) at (302) 994-1660.

### AGENT ORANGE UPDATE

The VA has been offering special access to care and conducting studies since 1978 when it initiated a medical surveillance program registering Vietnam veterans with health concerns and providing a physical examination. Special Compensation for Nine Diseases: As with veterans of any period, Vietnam veterans with disabilities arising during or aggravated by military service may receive monthly VA compensation. As knowledge has grown from studies of Agent Orange, some latent diseases that may not have become evident in service have been recognized preemptively. Based on clinical research, nine such diseases are now on the presumptive list or in regulatory development for inclusion: chloracne, Hodgkin's disease, multiple myeloma, non-Hodgkin's lymphoma, porphyria cutanea tarda, respiratory cancers (lung, bronchus, larynx and trachea) and soft-tissue sarcoma. Two recent additions VA has announced it will add to the list are acute and subacute peripheral neuropathy and prostate cancer. Vietnam veterans are not required to prove exposure to Agent Orange, VA presumes that all military

personnel who served in Vietnam were exposed to Agent Orange. (VA Fact Sheet, May 28, 1996)

### FREDDIE MACK INTRODUCES PILOT PROGRAM TO AUTOMATE VA LOANS

Federal Home Loan Mortgage Corp., and the Department of Veterans Affairs announced a pilot program automating the underwriting of VA loans. The automation program will involve four lenders and began in November. The pilot program will use Loan Prospector, Freddie Mac's automated underwriting service. The computer system evaluates applicant income, credit history and property information to quickly determine loan eligibility. "This partnership capitalizes on our experiences and enables us to take the lead in reengineering the mortgage process for all loan applicants," David W. Glenn, president of Freddie Mac, said in a statement. "By reducing costs and bringing greater efficiencies to the mortgage market, we will enable more people to own their own homes." The lenders involved in the automation process are: Crestar Mortgage Corp., of Richmond, VA; Home Savings of America, FSB, of Irwindale, CA; Norwest Mortgage, Inc., of Des Moines, IO; and PHH Mortgage Services, of Mt. Laurel, NJ (Dow Jones News, 10/28/96)

### VETERANS COLA TO RISE TO THE OCCASION

Military retirees will see the largest increase since 1993. Military retirees will receive a 2.9 percent cost-of-living adjustment (COLA), the largest increase since 1993. President Clinton signed a bill Oct. 9, 1996, that guarantees the same 2.9 percent increase will go to the 2.2 million people receiving veterans disability compensation. Also receiving the adjustment are the 500,000 people receiving VA pensions, the 300,000 receiving Dependency and Indemnity Compensation for survivors of people who died from service-connected causes, and another 300,000 receiving death pensions from the Department of Veterans Affairs. The veterans benefits increases are effective Dec. 1, 1996, and will appear in January 1997 paychecks. Social Security recipients and other federal beneficiaries will receive the same increase. **Not automatic** Although the COLA is based on the Consumer Price Index, which measured the rate of inflation from Oct. 1, 1995, to Sept. 30, 1996, disability retirement payments do not automatically rise with the index like regular military retirement pay. Congress must pass legislation each year to give these beneficiaries the same raise as Social Security recipients. Traditionally, lawmakers support increases in disability retirement. People who retired from the military in 1996 will receive a slightly lower COLA. Based on government calculations, the so called "partial COLA" paid to new retirees will be 2.5 percent. The 1997 COLA, which is slightly higher than the 2.8 percent increase many experts predicted, was welcomed by military retirees and veterans'

organizations. "Especially for those who depend solely on that for their only financial support, it certainly is welcome," said Rick Schultz of the Disabled American Veterans. "The good news is the date of the COLA, more so than the amount," said retired Air Force Col. Steve Strobridge of The Retired Officers Association. **Comforting.** Military retirees are comforted by Congress decision to give them their COLAs on the same date other retirees and federal beneficiaries receive theirs. For the past several years, lawmakers tried to delay COLAs for military retirees until as late as Oct. 1, while other federal beneficiaries received theirs in January or April. And each year, military retirees fought long and hard to force lawmakers to restore COLA equity with other federal beneficiaries. Congress authorizes COLAs to help federal benefits keep pace with inflation. The raise will help retirees and VA beneficiaries offset increases in prices for fuel, food, energy, healthcare and housing this year. Here are the amounts of the cost-of-living adjustments during the past 10 years for military retirees, disabled and low-veterans and surviving dependents.

Year	Percent
1988	4.2
1989	4.0
1990	4.7
1991	5.4
1992	3.7
1993	3.0
1994	2.6
1995	2.8
1996	2.6
1997	2.9

(Army Times, 10/28/96)

### VETERANS' ACT CHOCK FULL OF CHANGES

The Veterans' Benefits Improvement Act of 1996, signed into law Oct. 9, 1996, by President Clinton, contains a wide range of provisions. Among them:

- The military life insurance program has a new name Servicemen's Group Life Insurance, created in 1965 but based on earlier military Insurance programs, has been renamed the Servicemembers Group Life Insurance Program. The name change reflects the fact that about 14 percent of the military today is female.
- For benefit purposes, the Vietnam War has been extended. The starting date of the Vietnam War was backdated from Aug. 5, 1964, to Feb. 28, 1961, which makes about 16,500 more veterans eligible for Vietnam-era benefits.
- A one-year enrollment period has been created in which people who had enrolled in the Veterans Educational Assistance Program (VEAP) can convert to the more lucrative Montgomery GI Bill. Finance offices are

working out details for the conversion, which applies to active-duty members who entered the military during the VEAP enrollment period, Jan. 1, 1977, to July 1, 1985, and who had at some point contributed money to the educational benefits program.

- Entry to veterans' vocational rehabilitation programs has been restricted to people who have an employment handicap resulting from service-connected causes. This overturns a decision by the U.S. Court of Veterans' Appeals that made veterans eligible for rehabilitation assistance even if their disability was not service-related.
- Retroactive benefits payments have been expanded in two instances. First, when a veteran wins disability benefits after an appeal, he or she can receive up to two years of back payments. Previously, appeal winners were limited to one year of retroactive payments. Second, a surviving spouse of a disabled veteran will receive back pay for the full month of the veteran's death. Previously, the final payment of disability was only for the exact number of days of the month the veteran was alive. (Army Times, 10/28/96)

#### LEGISLATIVE UPDATES

##### S. 1711 (Public Law 104-275):

- Authorizes active-duty participants in the Veterans' Education Assistance Program (VEAP) to switch to the Montgomery G.I. Bill program, which offers higher benefits. This affects active-duty members who entered service between January 1, 1977 and June 30, 1985.
- Raises the benefit reimbursement rate for cooperative courses taken under the G.I. Bill from 80 percent to 100 percent.
- Renames the Servicemen's Group Life Insurance program to the gender-neutral: Service member's Group Life Insurance.
- Merges the Retired Reserve SGLI program with the Veterans Group Life Insurance (VGLI) program that applies to non-reserve retirees and separates. VGLI will now be extended to members of the Retired Reserve.
- Allows conversion of VGLI policies to commercial policies at any time.
- Moves the official start date of the Vietnam Era earlier, to an earlier date, February 28, 1961.
- Requires the VA to pay a veteran's surviving spouse a full month's worth of any applicable VA compensation or pension for the month in which the member died (this fixes a long-standing problem that used to have the VA dunning survivors to repay the last month's "overpayment").
- Establishes a commission to review the effectiveness of programs to assist Service members transitioning to civilian life and other veterans programs.

#### COMMISSION TO EVALUATE VETERANS PROGRAMS

Members plan to eliminate duplication and improve effectiveness in rehabilitation and transition programs. An independent commission will evaluate veterans transition and rehabilitation programs next year in hopes of eliminating duplication and improving the programs effectiveness. The 12-member bipartisan commission, to be appointed by congressional committees will have 18 months to study and make recommendations for change. Authorized by the Veterans' Benefits Improvement Act of 1996, which was signed into law by President Clinton Oct. 9, 1996, the commission will look at both veterans rehabilitation programs and transition programs that help service members make the adjustment from military to civilian life. The review is prompted by the end of the drawdown and the time that has passed since the Vietnam War, the last extended combat experience for American troops. Congressional aides said they want an analysis of programs to see if they work, are still necessary or could be done more cheaply. **Is assistance still needed?** "The drawdown is mostly over, but a question remains about whether we should continue to provide transition assistance, since the military continues to have normal turnover, and what kind of assistance that should be," said one aide. More than 20 years after the Vietnam War ended, there are questions about what kind of vocational and rehabilitative training is needed to help today's war and disabled veterans adjust to civilian life, aides said. "Vietnam veterans had their own set of problems, which may not apply today," the aide said. "One of our concerns is whether the money being spent on transition and rehabilitation is actually helping people get jobs and get on with their lives," the aide said. **Outside normal channels.** Commission members will be selected by the House and Senate Veterans' Affairs committees, the Senate Armed Services Committee and the House National Security Committee. The commission's report and recommendations, due within 18 months, will be submitted to Congress rather than routed through the executive branch. The commission will be kept outside normal channels, because one of the things Congress wants it to look at is whether government programs duplicate training available from the private sector, and whether the departments of Defense and Veterans Affairs are the right agencies to be overseeing training and assistance. "We want an independent view, and that is why the commission will be reporting to Congress and why government employees will not be considered as voting members of the commission," said an aide who worked on the legislation. (Army Times, 10/28/96)

#### SICK GULF VETS KICK UP POLITICAL STORM

*It's All About Taking Care Of The Troops.* Sick Gulf War veterans, buoyed by recent Pentagon revelations indicating their suspicions of chemical exposure are not unfounded, are beginning to coalesce into a movement. They are preparing to kick up their own political desert storm. Until now, Gulf War

veterans have largely been a disparate lot, acting as grassroots researchers and forming support groups scattered around the country. But about 100 leaders of those groups gathered in Tampa, FL, for four days beginning Oct. 6, 1996, to hammer out a legislative agenda they plan to push in the new Congress that took office in January. "It is a really substantive and constructive step forward," said James J. Tuite III, a former Senate investigator whose Gulf War Research Foundation is one of two dozen or more grassroots groups that assembled in Florida. The Tampa meeting is the second gathering of Gulf War veteran organizations. The first was in Irvington, Texas, in March 1995. That was the springboard for the formation of the National Gulf War Resource Center, the coalition of grassroots groups that organized the Tampa conference to coincide with a meeting there of President Clinton's investigative commission on Gulf War illnesses. But participants in the Tampa conference say they came away feeling better and stronger, partly because recent admissions by the Pentagon support their contention that they were exposed to a variety of chemicals, and partly because they feel the Pentagon and Congress are beginning to listen more closely. "This has been a major breakthrough in the past few weeks," said Paul Sullivan, an Army specialist during Desert Storm and a leader of Gulf War Veterans of Georgia. ***What They Want.*** The coalition's goals for 1997 center on improving healthcare for Gulf War veterans, enhancing independent research into the causes of the diseases, and establishing an independent commission to study whether chemical and biological defenses and military doctrine are adequate to keep American troops safe in wartime. Specifically, the veterans want Congress to pass a "Gulf War Veterans Hazardous Exposure Act" that would be similar to one enacted in 1991 for the victims of Agent Orange, the chemical defoliant used widely in Vietnam. In the act, the veterans want the government to presume that troops and civilian employees exposed to toxins in theater have neurological and immunological diseases that are service-related, thereby opening the door to government-paid healthcare. This would save individual Gulf War veterans from having to provide proof of each instance in which they were exposed to toxic chemicals, and it could open the door to treatment for spouses and children of Gulf War vets, Sullivan said. "We don't want to have each veteran prove they were exposed to sarin, or mustard gas," Sullivan said. "We don't need to have each soldier prove what chemicals were there." The coalition also wants to continue government funding of ongoing studies by the federal Institute of Medicine and Centers for Disease Control and Prevention, and they want more funding for independent, nongovernment, peer-reviewed scientific research into the causes and consequences of illnesses related to hazardous exposures. Specifically, they want a large-scale epidemiological study of Gulf War veterans, Department of Defense civilians, contractors and their families, including incidences of birth defects and miscarriages. Finally, the veterans want to make sure that

whatever happened to them doesn't happen again. That's why they want a new commission, independent of the Pentagon, to look at the adequacy of military chemical and biological warfare protective gear and to examine doctrine related to the use of and defense against chemical and biological weapons. ***Pledging Support.*** It is not mandatory that the member groups support the legislative goals of the Resource Center, but the groups are pledging to push for them as well as their ongoing goal of full disclosure of all documents held by the Pentagon relating to chemical weapons exposure in the Gulf War. "Having the Pentagon release all of the information will assist greatly with the research," Sullivan said. As to the coalition's prospects, members of both houses of the recently adjourned Congress pledged to continue their inquiries into Gulf War illnesses and promised to fight for research money in the next Congress. "This is a nonpartisan issue," Sullivan said. "This is about a contract between the soldier and the country. If something happens to a soldier during war the country has a responsibility to investigate and take care of the matter." (Navy Times, 10/21/96)

#### THE FATE OF THE KOREAN WAR POWS

The brutality of the Soviet Union towards its own citizens—and those of the countries that had the ill fortune to fall into Soviet hands—has been very well documented. Thanks to information in archives suddenly open to investigation after the demise of the Soviet Union, even many of its staunchest defenders have been forced (grudgingly in all too many cases) to recognize not only the fact that Americans, including Alger Hiss, were loyal spies for the Soviets, but also that Mr. Hiss was devotedly serving a state that imprisoned, tortured and murdered tens of thousands of innocent citizens. In Congressional testimony from a high-ranking Czech defector, evidence surfaced that the Evil Empire extended its vicious contempt for decent behavior and its cold indifference to the value of human life to American soldiers taken prisoner in the Korean and Vietnam wars. More than 10,000 POWs missing in those two Asian wars are still unaccounted for—some 8,000 from Korea and more than 2,000 from Vietnam. In fact, the question of whether the Eisenhower administration knowingly abandoned GIs in Korea in its eagerness to end the war has been a matter of some controversy—with newly released contemporaneous documents pretty strongly supporting the claim that it did just that. Jan Sejna, a former Czech general who defected in 1968, told a House panel investigating POW/MIAs that, while he cannot account for all of them, hundreds of those POWs "were used in Korea and Vietnam as guinea pigs." Specifically, as The Washington Times' Ruth Larson reported his testimony, American soldiers taken prisoner in North Korea and Vietnam were used to test chemical and biological weapons; they were used to test various mind control drugs; and they were used to train military doctors in the fine art of amputation. Some American POWs were experimented on in a hospital the USSR ordered

Czechoslovakia to build in North Korea at the beginning of the Korean War. Some—during Vietnam—were shipped to the Soviet Union. As Mr. Sejna explains it, “The Soviets were deadly serious in their preparation for nuclear war and in their development of various drugs and chemicals that were to be used. Because America was the main enemy, American POWs were the most highly valued experimental subjects.” So much for the Geneva Convention. That hundreds—if not thousands—of American POWs were apparently abandoned by the U.S. government to those very untender mercies is a chilling thought indeed. The truth is that our non-democratic enemies are all too cheerfully able to forego the decency and respect for the rule of law that we take for granted here in the U.S. It behooves those who send American soldiers in harm’s way to defend us from those enemies to bear that truth in mind and act accordingly. (The Washington Times, 9/20/96)

### **GULF SERVICE AND WOMEN'S HEALTH**

Female veterans of the Persian Gulf War may be suffering an abnormally high rate of gynecology-related problems, a preliminary new study shows. Unhealthy symptoms found in the Department of Defense funded study could prove “the first signs of some trouble,” says nursing professor Penny Pierce of University of Michigan, Ann Arbor. Pierce’s report on 525 randomly selected Air Force women deployed to the Persian Gulf, compared with 525 sent elsewhere by the Air Force, finds four years after the war: Women who served in the gulf are more than twice as likely to report abnormal Pap smears—10.4% vs. 4.9%. Gulf veterans have more than double the incidence of benign breast lumps—13.4%, compared with 6%. These health differences didn’t exist before the war, Pierce says. Only 0.5% of abnormal Paps signal cancer, “so women with bad symptoms should not panic,” says Dr. Diane Solomon, a cervical cancer expert at the National Cancer Institute. With a new three-year Pentagon grant, Pierce will get more detail on the Pap findings and seek medical records to confirm the women’s reports. She’ll also ask questions on their sexual history, a key factor since the major known cause of cervical cancer is the sexually transmitted human papillomavirus. Pierce will find out where the women served, looking at the possibility of heavy metal, microwave or chemical exposure, she says. Several large studies of female gulf war veterans are under way, but findings won’t be out for a few years, says Robyn Nishimi of the Presidential Advisory Committee on Gulf War Veterans’ Illnesses. “It’s good that they’re following through with these women,” says Dr. Robert Kurman, a gynecological cancer specialist at Johns Hopkins University Medical School. “But it’s a long leap between what they have so far and cancer.” (USA Today, 9/23/96)

### **BLACK VETS SKILLED JOB READY, BUT STILL FACE PROBLEMS WHEN ENTERING CIVILIAN LABOR FORCE**

African American veterans are leaving military service with skills much in demand in today’s civilian labor market but many still face employment barriers based on discrimination and negative stereotypes. Breaking down these barrier and informing employers about the abilities of today’s veterans is a top priority of the Department of Labor’s Veterans Employment and Training Service (VETS). That’s the message Assistant Secretary for Veterans Employment and Training Preston M. Taylor brought to the NAACP Convention in Charlotte, NC in July. Taylor told the participants at a workshop on the relationship of racism and veterans issues that “African American veterans are well-educated, self-disciplined, reliable, motivated, and drug free.” One of four African American veterans earned less than \$10,000 in 1992, compared with just one in ten white veterans. “That’s essentially a minimum wage existence,” said Taylor. Because of employment barriers faced by African Americans and other groups of veterans, Taylor assured the workshop participants that VETS is “devoting more attention and resources to minority groups, the disabled, and other veterans with two strikes against them.” Taylor told participants that the unemployment rate for the nation’s one and a half million African American veterans in the work force, was about seven percent in 1995, nearly double the rate for white veterans. African American male veterans aged 20-24 were three times as likely to be jobless as whites. Concluding that African American veterans face a double stereotype based on racial discrimination and misinformation about today’s veterans. Taylor said, “Too many Americans are still living with the old Vietnam syndrome that veterans are drones and drug addicts.” The reality, according to Taylor, is that veterans leaving the armed services today are more highly educated than ever before, most are computer literate, and many have acquired skills in occupational categories much in demand in the civilian labor force. Taylor pointed with pride to the six million veterans who have received job counseling, vocational guidance, training; and placement services and the 1.7 million veterans helped into jobs since President Clinton took office. In order to increase service to veterans in a time of reduced government spending. Taylor outlined actions being taken by the Department of Labor to help those groups needing more intensive and specialized services. Veterans service representatives in the employment service system triage, every incoming veteran and those needing the most assistance, including many African Americans, receive a customized case-management approach. “We will be redirecting the focus of veterans service representatives that will prepare them better to serve the differing needs of African American, Hispanic, women, and other categories of veterans needing help entering the civilian labor market,” Taylor said. The rapid growth of America’s Job Bank, the consolidation of the employment service system, and other high technology initiatives are forging stronger links between matching the work force needs of employers and the skills of available workers. Veterans will

have access to more and better jobs because of these initiatives, according to Taylor. An assistant secretary of the Veterans Employment and Training Service (VETS), Taylor oversees all Department of Labor veterans' employment and training services, veterans' reemployment rights, and affirmative action requirements of federal contractors. VETS also monitors performance standards for the delivery of employment services to veterans by state employment service systems, coordinates all transition assistance programs for separating service members, and conducts a nationwide outreach program to inform employers, veterans, reservists, and national guard members of the services available to them. (The Eclipse, August-September, 1996)

### FEDERAL WEB SITES OF INTEREST

Below is a list of some of the web sites which might be helpful to members of Gold Star Wives/Mothers and Veterans:

**THOMAS:** (<http://thomas.loc.gov>) This web site is run by the Library of Congress, and includes information on every Congressional issue and every new bill under consideration.

**The White House Pages:** (<http://www.whitehouse.gov/WH/Welcome.html>) Many graphics make this web site slow. Well organized.

**GAO Web Site:** (<http://www.gao.gov>) Full text access to GAO reports, testimony, Controller General Decisions and other GAO publications.

**Social Security Online:** (<http://www.ssa.gov/SSAHome.html>) The most recent addition is the Personal Earnings and Benefits Statement Online.

**Defense Technical Information Web:** (<http://www.dtic.dia.mil:80/dtiw/>) One of the best sites for information on military operations, including POW database.

**Smithsonian Online:** (<http://serpent.cc.sapmed.ac.jp:8001/@=www.si.edu/>) Well designed, searchable site. (Gold Star Wives of America Newsletter, Dec 1996)

### NAVY MEMORIAL LOG

Part of the U.S. Navy Memorial, the Navy Memorial Log is the permanent register of Navy men & women - past and present - who have been enrolled into the Log by themselves, or by their friends or family members. Anyone who has served in the U.S. Navy or with the Navy's sister sea services Marine Corps, Coast Guard, their reserve components, or wartime Merchant Marine—is eligible for inclusion in the Log. Names in the Log are displayed electronically on video screens located in the Log Room of the Naval Heritage Center. Visitors are invited to search for individual records which are then displayed showing name, branch of service, rate or rank, dates of service and date and place of birth. A donation of \$25.00 is requested for each Log enrollment and an additional \$25.00 is requested to include a photograph with

the record. For more information about the U.S. Navy Memorial Log and Heritage Center, please write or call U.S. Navy Memorial Log PO Box 96570 Washington, D.C. 20077-7685 (202) 737-2300 Ext. 730 Several Gold Star Wives have enrolled in the Log.

(Gold Star Wives of America Newsletter, Dec 1996)

### AIRLINE BEREAVEMENT FARES

Did you know that if you need to travel at the last minute because of a family members life threatening illness or funeral, most airlines will give you a price break? It is called Airlines Bereavement Fares. All airlines ask passengers to supply the phone numbers of the hospital, name of the attending physician, and relationship to the patient.

(Gold Star Wives of America Newsletter, Dec 1996)

### VA IMPLEMENTS INSURANCE PROGRAM IMPROVEMENTS

The Department of Veterans Affairs (VA) is notifying thousands of Retired Reserve Service members' Group Life Insurance (SGLI) policyholders of a program merger that will affect them early next year. Legislation signed into law Oct. 9, 1996, eliminated the Retired Reserve SGLI program. Effective Jan. 6, 1997, all of these policies will be automatically exchanged for policies under the Veterans' Group Life Insurance (VGLI) Program. In addition, for the first time VGLI will be extended generally to reservists and National Guard members who decide to separate prior to reaching 20-year retirement. VA supported these changes to provide reservists parity with active duty members, recognizing their important role in national defense. The eligibility of reservists for VGLI coverage will benefit the entire VGLI program by expanding the pool of insured, thus providing downward pressure on premiums. "We believe these changes to our insurance program are beneficial to both current and future veterans seeking affordable and comprehensive life insurance," Acting Under Secretary for Benefits Dr. Stephen Lemons said. The expansion of VGLI eligibility is among several insurance program changes under the Veterans Benefits Improvements Act. It authorizes conversion of VGLI policies to commercial life insurance at any time instead of awaiting the end of every 5-year coverage period, and it allows retired reservists to retain lifetime coverage under VGLI instead of being cut off from coverage at age 61 or when receiving retired pay, as was the case with Retired Reserve SGLI. The new law also changed the name of SGLI from Servicemen's Group Life Insurance to the gender neutral Service members' Group Life Insurance. The upcoming program merger affects an estimated 14,000 retired reservists with \$1 billion in insurance coverage who, in converting to VGLI, will join 350,000 veterans in that program holding about \$29 billion in insurance coverage. Because VGLI is available only in increments of \$10,000,

amounts of insurance may change for those in the Retired Reserve SGLI program whose insured amount is not evenly divisible by \$10,000. They will be notified that their coverage will be automatically rounded up to the next \$10,000 increment unless they contact the Office of Service members' Group Life Insurance to request their coverage be reduced to a lower, evenly divisible amount. Premiums will change correspondingly. Those members with Retired Reserve SGLI policies that expired because they began receiving retired pay or reached the age of 61 prior to Oct. 9, 1996, will not be eligible for VGLI. For those whose policies are converted, in addition to lifetime coverage, benefits will include a longer reinstatement period of five years after a policy has lapsed instead of three, as well as several new premium payment options, notably the use of automatic payments by deductions from VA benefits or retirement checks and an option to take a one-month discount for annual payments. Reservists with full-time SGLI coverage who will be separating soon and wish to maintain coverage under VGLI may also receive information and application forms from the Office of Service members' Group Life Insurance at 1-800-419-1473. Those in other situations with questions about how they may be affected by the program changes also may call that number for information on SGLI and VGLI policies. The SGLI program primarily is aimed at active-duty service members, who upon discharge may convert to VGLI if they wish to ensure coverage under federal programs is uninterrupted in their new veteran status. Unaffected by the changes are the 2.6 million veterans covered by VA's National Service Life Insurance and other programs administered by VA. Questions pertaining to those programs may be directed to 1-800-669-8477. (Dept. of Vets Affairs, Dec 16, 1996)

#### **VA ANNOUNCES 1997 INSURANCE DIVIDENDS**

The Department of Veterans Affairs (VA) is announcing that more than 2 million active policyholders of veterans' life insurance will share in its 1997 distribution of \$876 million in insurance dividends. With dividends on various types of policies averaging from \$200 to \$900 veterans will receive the payments on the anniversary date of their policies, with the individual dividend amount varying according to age, type of insurance and length of time the policy has been in force. Recipients may choose to receive a dividend check or select one of nine alternate payment options. The dividends, paid from insurance trust funds, are derived from investment earnings and also reflect the fact that veterans are living longer than originally predicted. "We are pleased that, on average, dividends are up slightly from last year," VA Secretary Jesse Brown said. "The insurance program continues to represent not only a safe investment for those seeking a favorable rate of return, but it also continues to serve America's veterans with its fundamental mission offering security to their families." Only those with policies that have been kept in force when premiums were required are

eligible for the payout. Inaccurate notices periodically have surfaced in the veterans community suggesting that those who have not elected to maintain insurance are eligible for a special dividend if they contact VA, but this is false, as dividends are automatically sent to eligible policyholders. Receiving dividends are veterans issued government life insurance policies in World Wars I and II or the Korean conflict who served between 1917 and 1956. Veterans of subsequent eras are covered by government insurance programs that do not pay dividends. The largest group receiving 1997 payments will be 1.8 million veterans of World War II with National Service Life Insurance ("V") policies who will receive an average payment of \$409. Total payments are expected to reach \$740.6 million. Dividends totaling \$4.7 million will be paid mostly to the 22,002 World War I veterans holding U.S. Government Life Insurance ("K") policies for an average of \$214. Some 235,627 veterans who have maintained Veterans Special Life Insurance ("R" and "W") can expect to receive dividends averaging \$438 for a total of \$103.1 million. Veterans who hold Veterans Reopened Insurance policies ("J", "JR" and "JS"), currently numbering 82,727 will share a \$28.2 million dividend. Average payments to "J" policyholders are \$314 for "JR," \$550; and "JS," \$903. Although VA also administers a special life insurance program for disabled veterans and a program offering mortgage life insurance coverage, these policies have a different financial structure and neither pays dividends. For current active duty service members and reservists, VA supervises a contract with a private underwriter for Service members' Group Life Insurance, which also does not pay dividends. Veterans who have questions about their policy may call the VA Insurance Center toll-free at 1-800-669-8477. (Dept. of Vets Affairs, Dec. 1996)

#### **VA PUBLICIZES TOLL-FREE SEXUAL TRAUMA NUMBER**

The Department of Veterans Affairs (VA) is reminding women veterans who experienced sexual trauma in the military and need information on counseling, care and services to call VA's toll-free number 1-800-827-1000. Women veterans seeking assistance are routed to women veterans coordinators at the nearest VA medical center or regional office who can provide information and assist in referrals to VA medical centers or Readjustment Counseling Service Veterans Outreach Centers (Vet Centers). Male veterans are referred to the nearest VA facility with a post-traumatic stress disorder program or to the nearest Vet Center. Legislation signed in 1992 authorized VA to provide counseling on a priority basis for eligible women veterans to overcome psychological trauma that resulted from sexual assault, battery or harassment while on active duty. More recent legislation extended that authority and made it gender-neutral so that VA can provide the counseling to male and female veterans.

**DEPARTMENT OF VETERANS AFFAIRS  
MEDICAL & REGIONAL OFFICE CENTER  
WILMINGTON, DE**

**All data is from FY95 (October 1, 1994, through September 30, 1995), unless otherwise noted.**

Surgeries Performed: 1,701

Dental procedures performed on an outpatient basis:

Major procedures: 816 (does not include routine fillings, extractions, cleaning, x-rays, etc.)  
visits: 4,631  
unique patients: 1,132

MCCR Collections: \$1,883,176

Prescriptions issued/patients: (From October, 1995 through May 1996)

<u>MONTH</u>	<u>REQUESTS</u>	<u>PRESCRIPT- ION FILLS</u>	<u>COST</u>
Oct	8,751	29,752	\$455,184
Nov	8,530	22,373	\$353,789
Dec	247	22,275	\$346,615
Jan	8,304	22,385	\$353,257
Feb	8,165	21,418	\$346,879
Mar	8,885	22,924	\$357,896
Apr	8,818	23,097	\$388,415
May	9,528	24,126	\$414,342
<b>TOTAL</b>	<b>69,228</b>	<b>188,350</b>	<b>\$3,016,380</b>

**STATE EMPLOYED VETERANS**

Veterans who now hold, or have ever held, pension-eligible positions in State of Delaware employment which started after July 1, 1976, and which commenced within 5 years after separation from active duty or within 5 years after having completed a professional or vocational educational program after separation from active duty, have up to now, been denied military service credit toward their State pensions. Denial of this benefit is unfair as it rewards one group of veterans while it ignores the rest who might have either served during the Vietnam War or one of the numerous subsequent conflicts. (The unfairness is particularly blatant for Vietnam-Era veterans, as some get the benefit while others, who also served do not, because their obligated service prevented them from starting State employment before July 1, 1976). The DCVA proposed legislation to correct this inequity during the last State of Delaware legislative session. The legislation, SB 402, did not come to a vote as it never came out of committee. State Senator James T. Vaughn, has agreed to reintroduce this legislation this upcoming legislative session to rectify the problem. This current legislative proposal has not as yet had a

Senate Bill number assigned, but one is expected soon. When that happens, we need all affected veterans to contact their State Senators and Representatives and ask for their support for its passage. If you don't act yourself and leave it to "the other guy", the chances of passage will be greatly diminished. If you do not care about this issue, we cannot expect our legislators to care either. (Tom Macino)

**COMMISSION MEETINGS**

The Delaware Commission of Veterans Affairs meets the fourth Tuesday of each month, 11:00 am, Old State House-The Green, Dover, DE. These meetings are open to the public. If you would like to attend, please call 1-800-344-9900 or 302-739-2792.

**VFW OUTREACH**

James Withrow, Dept. Service Officer  
VA Regional Office  
1601 Kirkwood Highway Room 21, Wilmington, DE 19805  
PHONE DIRECT: (302) 633-5326  
FAX: (302) 633-5507

**1996 SCHEDULE**

**1st Thurs.**  
Dover Armory (741-7516) 8:00-11:00 am  
Milford VFW 6483 (422-4412) 1:30-4:00 pm  
**2nd - Thurs.**  
Dover Armory (741-7516) 8:00-11:00 am  
Milton VFW 6984 (684-4975) 1:30-4:00 p.m.  
**3rd - Thurs.**  
Dover Armory (741-7516) 8:0-11:00 am  
Rehoboth VFW 7447 (227-3469) 1:30-4:00 p.m.  
**4th - Thurs.**  
Dover Armory (741-7516) 8:00-11:00 am  
Seaford VFW 4961 (629-3092) 1:30-4:00 p.m.  
**5th - Thurs.**  
Dover Armory (741-7516) 8:00-11:00 am  
Georgetown VFW 2931 (856-2931) 1:30-4:00 p.m.

**MERCHANT MARINE BONUS**

If you served between December 7, 1941 to August 15, 1945, for a period of not less than 2 years, you could be eligible for a Merchant Marine Bonus recently approved by the Delaware legislature. Contact the Delaware Commission of Veterans Affairs at 1-800-344-9900 or (302)739-2792 for more information.

**DISABLED AMERICAN VETERANS COUNTY  
SERVICE OFFICER OUTREACH SCHEDULE**

Every Wednesday: DAV Headquarters Building  
(Kent) 138 South Street  
Camden, DE 19934  
Every Thursday: Dept. of Labor

(Sussex)

Div. of Emp & Trng.  
Suite 207,  
Georgetown Professional Park  
600 N. DuPont Hwy.  
Georgetown, DE 19947

Or contact Charles Kashner at (302)697-9061 or (302)697-3335. (Kent County)

### **VETERANS PREFERENCE SOFTWARE LAUNCHED**

The Labor Department's Veterans Employment and Training Service (VETS) last week launched a computer program to help veterans understand and use the veterans preference system, which gives them an advantage in getting or keeping certain federal jobs. The new software package, called the Veterans Preference Expert System, is designed to help veterans determine eligibility for preference points. The program, which runs on PCs but not Macintosh computers, offers a series of questions about their status to which veterans answer "yes" or "no." The users are told if they appear to qualify for a 5 or 10 point preference. The program also contains instructions on filing complaints if veterans feel an agency is wrongly denying them preference. The full text of the veterans preference statute also is included. Veterans and job counselors can use the program online at [http://programs/programs/preference/main\\_btm](http://programs/programs/preference/main_btm) or access it from the main VETS page at <http://www.dol.gov/dol/vets/welcome.html>. Users also can download the program from the website as a software file and run it from their own computers. "This program is an excellent employment assistance tool," said Preston M. Taylor, Jr., assistant secretary of labor for veterans employment and training. "It will allow service providers to work with veterans to determine preference eligibility, and is user-friendly so veterans can work with it on their own." Veterans preference remains a concern to critics who say it is ignored or circumvented by federal employers. Rep. John Mica (R-FL) sponsored legislation earlier this year to protect and expand veterans preference. Both the original bill and a later amended version cleared the House but died in the Senate, partly because of opposition from the American Postal Workers Union, said Gary Ewing, a legislative aide to the House Government Reform Committee's subcommittee on civil service. Mica intends to submit a veterans preference bill in the new Congress, and the subcommittee staff was scheduled to begin a new round of discussions this week with the postal workers' union, Ewing said. VETS, meanwhile, is developing another software program—a resume writer for veterans. It is intended to translate military into civilian skills and "write resumes that get noticed," said VETS spokesman Gary Berg. "Often, in this day and age, the first cut of resumes is done by computer," Berg noted, and the new software may help ensure that resumes have specific key words employers look for. The resume writer will not be

available until June or July at the earliest, he said. The purpose of both systems is to ease employment problems often encountered by veterans. Although discharged personnel have access to a "transition center" where resume-writing skills are taught, they frequently enter the private-sector market without the job-seeking skills they need, said Matthew Caulfield, who heads Hire Quality, a Chicago-based company that helps link new veterans to jobs in private companies. "The biggest problem these kids have is they can't network" from inside the military, Caulfield said. "We do the networking for them." He said he believes most hiring is done by young human resource specialists who, because they are unfamiliar with it, tend to stereotype the military and are stumped when a military resume lands on their desks. "They have no understanding of the system." That's why, Caulfield said, it is important to convince an employer that military experience is relevant. The military, in fact, does much of what the private sector does, but does it in its own language within its own structure. "There's a language problem, there's a communication problem," he said. Caulfield said the need for such tools as the VETS software is large and growing. "Any help these kids can get is useful," he said. (Stars and Stripes Vol. 119, No. 51)

### **DELAWARE VETERANS MEMORIAL CEMETERY**

If you are an honorably discharged veteran from active military service or received your 20 year letter from the Reserve or National Guard, a legal resident of Delaware, you, your spouse and dependent unmarried children (under 21) can qualify for interment through our pre-application process. The Cemetery has been in service since 1989, and has interred 2,808 individuals. The following items are provided at no cost to the veteran: Plot (opening/closing of the grave), Vault liner, Interment, Marker and Perpetual Care. The Delaware Commission of Veterans Affairs has approved a fee of \$300 for interment of a spouse and/or dependent child. The Cemetery has a slide presentation that provides an update of the changes at the Cemetery. If your organization would be interested in viewing the slide presentation, please contact Wes Jones, Cemetery Administrator at (302)834-8046 to make arrangements. The Delaware Veterans Memorial Cemetery has gained national recognition and continues to be a success story bringing pride to all Delaware veterans.

### **DCVA IS ON THE WORLD WIDE WEB**

Computer users connected to the Internet's World Wide Web, can access extensive information on state and federal veterans' programs by accessing the State of Delaware's Home Page. Information on veterans issues will continually be updated, modified and informative. To access DCVA on the World Wide Web enter <http://www.state.de.us>; select State Government; then State Agencies; and finally Veterans

Affairs. If you are a subscriber to our newsletter, we ask readers with computer access to the "electronic" Centurion to E-Mail us or call 1-302-739-2792 or 1-800-344-9900 (in-state only) to cancel their free subscription. Your comments are welcomed concerning this new service to Delaware's veterans.

**DOL GRANTS PROVIDE HOMELESS VETERANS WITH TRAINING JOBS**

Homeless veterans in ten states will receive training and job search assistance through \$1.3 million in grants issued by the Department of Labor and funded by the Department of Housing and Urban Development (HUD), Secretary of Labor Robert B. Reich announced recently. The grants, issued to state and local public agencies and non-profit organizations, will provide job search and counseling assistance, remedial education, classroom and on-the job training, and support services such as transportation and transitional housing so that veterans can participate and keep the jobs they get through the programs. "Since 1987, these programs have helped more than 13,000 homeless veterans become productive and taxpaying citizens at an average cost of less than \$1,500 per veteran," Reich said. "Providing employment opportunities and enhancing job skills are critical ingredients to achieving independent living." "Unemployment, not the lack of affordable housing, is the chief cause of homelessness among veterans," said Preston M. Taylor, Jr., assistant secretary of labor for veterans employment and training. "The grants will help eliminate the major problems homeless veterans face." Andrew Cuomo, HUD assistant secretary for community planning and development, said, "Secretary Cisneros and I are pleased to join Secretary Reich and Assistant Secretary Taylor in this interagency initiative which will result in homeless veterans moving into jobs and back into our communities." The grants are administered by the Labor Department's Veterans Employment and Training Service (VETS) with money provided by HUD under the Stewart B. McKinney Homeless Assistance Act. The \$1.3 million matches a similar amount earmarked for homeless veterans funded by VETS last February. Staff from VETS and HUD reviewed 52 grant proposals before selecting the 15 recipients. (The Eclipse, Aug-Sep 96)

**DELAWARE VETERANS**

In January 1946, Walter W. Bacon, then elected Governor, authorized a state award to those who served in World War II. To honor this commitment to Delaware Veterans, Governor Thomas R. Carper has announced that the State of Delaware will provide a "Certificate of Appreciation" to all Delaware residents who shall have served honorably in the Armed Forces of the United States during time of peace, conflict or war. To request a "Certificate of Appreciation" the veteran/spouse or next of kin must submit the enclosed application (see page 14 along with a copy of veterans Certificate of Release or Discharge from Active Duty, (DD Form 214). **DO NOT SEND ORIGINAL.** If you are a member of a veterans organization we recommend that you send your requests through them so they may be consolidated. The 8 1/2 X 11 inch certificate, suitable for framing, is printed in black lettering on parchment paper, has a gold border and the Delaware State Seal is depicted in the background. The embossed gold seal of the Commission of Veterans Affairs is attached in the lower right hand corner.

**RETIREE APPRECIATION DAY**

Saturday, April 12, 1997, is the big day. Dover Air Force Base is planning guest speakers, displays, a health fair as well as dinner, entertainment and dancing. The day time program is scheduled for our recently renovated community activities center and the new base museum. Our evening enjoyment will be at "The Club," either the old officers open mess or the former NCO club, presently being beautified. We're working on the details and will let you know in our Spring newsletter. (436 MSS/DPMP-CVR memo 12/96)

**CERTIFICATE OF APPRECIATION TO**

**DELAWARE COMMISSION OF VETERANS AFFAIRS  
APPLICATION FOR CERTIFICATE OF APPRECIATION**

**Veterans Name** \_\_\_\_\_  
First Middle Last

**Address** \_\_\_\_\_  
Street City State Zip

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Date Entered Service \_\_\_\_\_ Date Separated \_\_\_\_\_ Branch of Service \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ Service Number \_\_\_\_\_

Type of Discharge \_\_\_\_\_ Highest Rank Achieved \_\_\_\_\_  
(only required if requesting rank on certificate)

**LEGAL RESIDENT OF THE STATE OF DELAWARE**

To meet the legal residency requirement (in addition to honorable military service) the veteran must have been:

- a. A legal resident of Delaware when he or she entered the Armed Forces of the United States; or
- b. A legal resident of Delaware at time of death

**Please submit this application and a copy of Certificate of Release or Discharge from Active Duty, (DD-214) to:**

**Delaware Commission of Veterans Affairs**  
**P.O. Box 1401- Old State House Bldg. - The Green**  
**Dover, DE 19903**  
**Phone: (302) 739-2792 or 1-800 344-9900 (In state only)**

Signature of Veteran/spouse or next of kin \_\_\_\_\_ Date \_\_\_\_\_

Relationship if not veteran \_\_\_\_\_

**NOTE: Please anticipate 4 to 6 weeks in receiving your Certificate**

\*\*\*\*\*

**TO BE COMPLETED BY DCVA**

\_\_\_ Approved      \_\_\_ Pending      \_\_\_ Disapproved

Name \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

**DCVA FORM 20-01-95-04-01**

**DEPARTMENT OF VETERANS AFFAIRS**  
Medical and Regional Office Center  
1601 Kirkwood Highway  
Wilmington DE 19805

Dear Veteran:

In Reply Refer To:  
00/136A

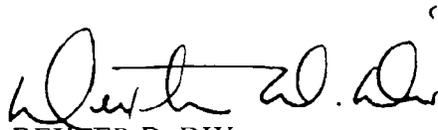
As a veteran, you have special healthcare needs. And VA's "Stars and Stripes" Veterans Healthcare Network can meet those needs because it is especially designed for you. We did not just put a "new and improved" package on the old way of providing healthcare to veterans. We made real changes that veterans, just like you, wanted.

Enclosed is an enrollment application that provides the basic background elements necessary to help us further explain the services to which you are entitled. If you are interested in receiving additional information about this new VA health plan, complete the application and return to:

Enrollment Office (136A)  
Department of Veterans Affairs  
Medical & Regional Office Center  
1601 Kirkwood Highway  
Wilmington, DE 19805

You may also stop in the Center and we will be happy to help you complete the application. Our enrollment representative will contact you to gather the additional information necessary and to further explain your healthcare benefits. If you need an initial appointment and examination, we will arrange for that as well.

Thank you for considering Wilmington VA Medical & Regional Office and the "Stars and Stripes" Health Plan for your healthcare needs. If you have any questions or want some additional information, please call the Enrollment Office at (302) 633-5212.



DEXTER D. DIX  
Center Director

**DEPARTMENT OF VETERANS AFFAIRS  
 MEDICAL & REGIONAL OFFICE CENTER  
 WILMINGTON, DE 19805  
 ENROLLMENT Application**

\*\*\*\*\*

Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: Male/Female Number of Dependents: \_\_\_\_\_

Military Service Dates: From \_\_\_\_\_ to \_\_\_\_\_ Ex-Prisoner of War? YES/NO

Are you 50% or more Service Connected? YES/NO If yes, no income info needed.

Income Information (total last year):

- \_\_\_\_\_ \$0-\$21,001
- \_\_\_\_\_ \$21,002-\$26,608
- \_\_\_\_\_ \$26,609-\$28,012
- \_\_\_\_\_ \$28,013-\$29,416
- \_\_\_\_\_ \$29,417-\$30,820
- \_\_\_\_\_ Over \$30,821

Branch of Service: (Check one)

- \_\_\_\_\_ Air Force
- \_\_\_\_\_ Army
- \_\_\_\_\_ Marines
- \_\_\_\_\_ Navy
- \_\_\_\_\_ Coast Guard
- \_\_\_\_\_ Merchant Marine
- \_\_\_\_\_ Other: \_\_\_\_\_

SIGNATURE : \_\_\_\_\_ DATE: \_\_\_\_\_

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**DELAWARE COMMISSION OF  
VETERANS AFFAIRS**

Individuals can be reached by calling toll free 1-800-344-9900, and entering their voice mail box number at the prompt:

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Mr. Charles A. Kashner, Chairman.....	114
Disabled American Veterans	
Mr. Leon S. Stajkowski, Vice-Chairman.....	106
The Fleet Reserve Association	
Mr. Charles E. Farrell.....	102
Korean War Veterans Association	
Mr. James Thompson.....	119
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American Veterans of World War II, Korea and Vietnam

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Veterans Cemetery.....115

**VETERANS ADMINISTRATION**

Claims, Benefits, Veterans Services	
(Regional Office).....	1-800-827-1000
General purpose, Hospital Scheduling	
Transportation, etc.....	944-2511
Veterans Outreach Center	
(New Castle County).....	633-5360
(Kent and Sussex County).....	422-8011

**SERVICE ORGANIZATIONS**

American Legion.....	633-5323
Disabled American Veterans.....	633-5324
Paralyzed Veterans of	
America.....	633-5325
Veterans of Foreign Wars.....	633-5326
Vietnam Veterans of America.....	633-5357
Veterans of World War I.....	998-9744
AMVETS.....	1-800-344-9900
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P.O. BOX 1401  
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