

THE CENTURION

DELAWARE COMMISSION OF VETERANS AFFAIRS

P.O. Box 1401 - Dover, Delaware 19903
Telephone (302) 739-2792 or
Toll Free 1-800-344-9900 (in state)
Internet Address: <http://www.state.de.us>

Thomas R. Carper Edward J. Freel Charles A. Kashner Antonio Davila
Governor Secretary of State Commission Chairman Executive Director

Volume 5, Number 2 Apr-Jun 1998

FEDERAL EMPLOYEES HEALTH BENEFIT PROGRAM (FEHBP)

There has been a misconception in DC that retired enlisted personnel do not want to pay for the “earned” health care that was promised to be “free” for life. The reality is with downsizing and the closing of many bases – free health care is no longer a reality, also with the implementation of Tricare Prime, retirees must pay \$230 for single or \$460 for family. For those who live outside the 40 mile catchment area, Tricare Standard (CHAMPUS) is a myth for many as the reimbursement rates do not attract many doctors. TREA and The Military Coalition are supporting FEHBP for medicare eligible military retirees. However, some in DC (Congress) believe that retired enlisted personnel will not pay for the “earned” free health care benefit that was taken away on June 7, 1956 with the implementation of "space-available" health care for retirees and their dependents. FEHBP premiums are paid by the federal employee/retiree (28 percent) and the employer (Federal Government), 72 percent. FEHBP premiums range in price and could be as high as \$1500 per year for a family. This is the same health care program that Congress and other federal workers enjoy. We know that many enlisted retirees pay for medigap or Medicare Supplements. Most of these plans do not cover prescriptions. FEHBP covers prescriptions normally with a minimal co-pay (normally \$5). Some of these plans also cover vision care and dental care. If you are a retired enlisted person, Medicare eligible (currently on Medicare) and would like the opportunity to purchase FEHBP, please contact The Retired Enlisted Association (TREA), 909 N. Washington Street, Suite 301, Alexandria, VA 22314-1555, (800) 554-8732 or (703) 684-1981.

❧ THOUGHT FOR THE QUARTER ❧

*The measure of success is not whether you have a tough problem to deal with,
but whether it's the same problem you had last year.*

ARMED FORCES DAY CELEBRATION

May 17, 1998 – Armed Forces Day. The city of Newark and Delaware officials will honor Delaware veterans and active duty personnel. Delaware veterans, men and women, are encouraged to participate. The parade will begin at 1:00 p.m. We would like to extend a special invitation to all the women veterans that served during WWII. If you belong to a veteran's organization, encourage their participation. If not, we encourage you to attend. If you or your organization needs a participation form, please call Mrs. Linda Burns, Coordinator, Memorial Day Committee, City of Newark, at (302) 366-7110, ext. 142.

MEMORIAL DAY SERVICES

The Marine Corps League and the Delaware Commission of Veterans Affairs will host Memorial Day Services, Saturday, May 30, 1998. The service will be at the Memorial Bridge Plaza, Delaware Memorial Bridge, New Castle, Delaware beginning at 10:30 a.m. Following the services at the Memorial Bridge Plaza, the Delaware Veterans Memorial Cemetery will hold its service at 1:30 p.m. For further information contact (800) 344-9900 or (302) 739-2792.

MEMORIAL DAY PARADE

On May 30, 1998, at 6:00 p.m. - The 131st consecutive Memorial Day Observance – a parade will take place up Delaware Avenue from Rockford Park to the Soldiers & Sailors Monument. In memory of all deceased veterans of this nation's wars, a memorial service will be held at the monument and wreaths will be placed by veteran and civic groups. For more information contact Cassie Cathell, Better health care for veterans and active-duty service members and increased savings for taxpayers are the results of greater coordination between the Departments of Veterans Affairs (VA) and Department of Defense (DoD). An executive council of senior VA and DoD health care officials is improving communication between the two departments, finding ways in which their health-care systems can work

Publicity Chairperson, Memorial Day Committee of Wilmington, at (302) 994-2061.

SOUTHERN DELAWARE HEALTH SCREENINGS

Health screenings will be conducted at the following locations from 9:00 AM-3:00 PM in Kent and Sussex Counties:

MAY19 Smyrna American Legion Post 1	653-6454
MAY21 Riverdale American Legion Post 28	945-1673
MAY26 Dover American Legion Post 2	674-3922
MAY28 Laurel American Legion Post 19	875-9948
JUN 3 Rehoboth VFW Post 7447	227-3469
JUN 4 Oceanview VFW Post 7234	539-9981
JUN 18 Riverdale American Legion Post 28	945-1673
JUN 26 Dover American Legion Post 2	674-3922

For more information contact Clyde Bragg, R.N., Outreach Health Screening Nurse at (302) 633-5207.

VETERANS MEDICAL BENEFITS APPLICATION

The Veterans Administration encourages all veterans to register for Medical Benefits. You may obtain the forms from the Delaware Commission of Veterans Affairs in Dover, (800) 344-9900/(302) 739-2792 or at your local VA Regional office, (800) 827-1000. The information will be data entered into the Veterans Administration computer system, which enables the Veterans Administration to better serve all veterans.

VA AND DoD COMBINE EFFORTS TO IMPROVE HEALTH CARE

together, proposing and conducting joint research projects, and reducing or eliminating overlap in the services each department provides. "It makes sense for us to find ways to work together better," said Kenneth W. Kizer, M.D., VA Under Secretary for Health. "While our missions are different, the work of our two organizations in the health-care arena is very similar. What we're doing is combining the strengths of

our two organizations in ways that will enable us to provide world-class health care now and for many years to come." "Improved collaboration between our two agencies is long overdue," said Edward D. Martin, M.D., Acting Assistant Secretary of Defense for Health Affairs. "The initiatives we have begun to implement should make a major difference in the care we provide to those who so proudly serve our nation, and those who have served so proudly in the past." The two departments have already agreed to conduct joint exit physicals for service members who are returning to civilian

- Developing a long term effort that builds on the experience of the existing Joint Gulf War Illnesses Group through the establishment of a joint Military and Veterans Health Coordinating Board.
- Allowing both veterans and service members to make use of VA "Centers of Excellence" and DoD's "Specialized Treatment System, which are specialized treatment centers within each department providing world-class care. Agreements have already been made to share VA's spinal cord injury, blindness, amputation and traumatic brain injury centers, and DoD's burn units.
- Creating compatible, computer-based patient records to ensure a smooth transfer of information between DoD's health-care system and VA's.

§ Keesler Air Force Base, Biloxi, MS

§ Wilford Hall Air Force Medical Center and Brooke Army Medical Center, San Antonio, TX, Sheppard Air Force Base, Wichita Falls, TX, and Fort Sill, Lawton, OK

§ Fort Carson and the Air Force Academy, Colorado Springs, CO

§ Naval Medical Center San Diego, San Diego, CA

§ Madigan Army Medical Center, Fort Lewis, WA

.. Clinicians providing care to women veterans will explain that breast cancer detection is a vital component of health care. They will discuss the risk of breast cancer in females and the risks and benefits of screening for the disease in each age group using various screening Starting at age 40 all women will be offered a mammogram every 1 to 2 years. Discussion with the patient should recognize the current debate among scientists regarding the relevance of evidence from existing studies. All women over age 50 should be strongly encouraged to receive a mammogram every 1 to 2 years. Clinician discretion is advised for women age 70 and older in recognition of limited data availability regarding the efficacy of screening in this age group.

(Veterans Health Administration, Washington, DC, March 17, 1998)

700,000 OLDER MILITARY RETIREES RANK NEAR BOTTOM IN HEALTH CARE ASSISTANCE STUDY

A recent national survey of corporate benefits shows that military health care benefits for the 700,000 military retirees over 65 rank among the worst in the U.S. in terms of employer-funded Medicare-supplemental coverage. The independent study of 521 U.S. businesses done by the HayGroup, one of the nations most respected benefits survey

life. Previously, DoD conducted an exit physical before separation, and VA would conduct another physical afterwards. VA's requirements are now incorporated into DoD exit physicals. Also, VA is conducting physicals for separating service members filing claims with the department before the person leaves service. In addition, DoD and VA have agreed to create a committee to make it easier for the two departments to enter into reimbursable arrangements that are mutually beneficial. Other initiatives the executive council is working on include:

- Working on ways the two departments can share existing automation and technological products and collaborate in the ongoing and future development of medical automation and technology.
- Creating and publishing joint clinical practice guidelines for disease treatment.
- Collaborating in or combining laboratory and pathology programs.

(Department of Veterans Affairs, February 19, 1998)

MEDICARE SUBVENTION DEMONSTRATION SITES ANNOUNCED

§ **Dover Air Force Base, Dover, DE**

MAMMOGRAPHY SCREENING FOR WOMEN VETERANS

A Veterans Health Administration (VHA) Directive revises the mammography screening recommendations for women veterans based on recent scientific reports.

modalities including self-examination, clinician examination, and mammography. All clinicians should support all patients to actively participate in all aspects of decision-making concerning health status assessment, risks and benefits of health care options. 2 years. Women without regard to age who are at higher than average risk of breast cancer due to clinical symptoms, risk factors or family history should receive expert medical advice about whether they should begin screening before age 40 and the frequency of screening.

firms, shows that 80 percent of the firms provide some company-subsidized health care insurance for over-65 retirees. In contrast, military retirees lose their military health insurance upon becoming eligible for Medicare. "Many Americans think that military retirees have military health care for life. They are shocked when they find out that's not true." says Lt. Gen. Michael A. Nelson, president of The Retired Officers Association in Alexandria, VA. "The ones really shocked are the retirees, who were told they would have military health care for life if they served a full career and are now not receiving it." There are about 1.6 million military retirees in the U.S., with about 700,000 eligible for Medicare. Their Medicare-eligible spouses add another 600,000 potential beneficiaries to the total. TROA, the nation's fourth largest veterans group, says this disparity is particularly glaring when

compared to what the largest corporations and the federal government provide to Medicare-eligible civilian workers. Among companies with more than 10,000 employees, 85 percent pay at least half of their retirees' insurance premiums as a supplement to their Medicare benefits, and many also subsidize prescription and dental coverage. In contrast, the military offers only "space available" care to some retirees in military hospitals and clinics. Base closures and dwindling military health care budgets now are leaving fewer and fewer Medicare-eligible retirees with even this level of care. TROA and the other 25 military and veterans groups in The Military Coalition, representing more than five million current and former service members, are trying to gain for Medicare-eligible retirees the chance to enroll in the Federal Employees Health Benefits Program. This is the same program that all retired federal civilians, members of Congress, and their staffs can keep retirement for life as a wraparound to Medicare. Congress is now considering legislation that would test the "FEHBP-65" concept for older military retirees. "Our country has broken faith with a group of people who served unselfishly and faithfully," says Nelson. "They were promised more than just Medicare, which doesn't cover some key services like prescription drugs. When they become 65," Nelson adds, "it's as if those 20 or 30 years they spent defending the country don't count any more. As an American and a taxpayer, I'm concerned that these broken health care promises can affect today's military readiness," Nelson claims. "How are you going to get good people to stay in the services for careers if they see how badly current retirees are treated? Everyone agrees that the current situation isn't fair." Nelson claims, "but the situation is not getting fixed and the retirees are being shut out of military care. These retirees are the same ones who served selflessly in World War II, Korea, and Vietnam--some in all three," Nelson says. "Most of them helped win the Cold War, and that victory alone is saving the country billions in defense spending every year. "The argument to give Medicare-eligible retirees better health care options is simple," says Nelson. "We're not looking for more benefits, just a chance at options for equity. Military retirees were told they would have military health care for life and now aren't getting it as promised. We just want to give these deserving people the same health care option that other federal workers now have." Learn more about FEHBP-65 on TROA's web site at www.troa.org. After opening the site, go to the Legislative Affairs section for a pamphlet, which explains the history of FEHBP-65. TROA has 425 chapters around the country. To find out your nearest chapter contact, go to TROA's web page, click on Chapter Connections, click on Search For Chapter Locations, type in your zip code, and you should be able to see the name and phone number of the nearest chapter contact. (Army News Service, February 23, 1998)

ANOTHER GROUP WANTS OUT OF TRICARE PRIME

A group of doctors in Austin, Texas, wants out of Tricare's Prime network for many of the same reasons other physicians have canceled their contracts with the military's health

maintenance organization. Also in Austin, a second doctors' group is limiting the number of new Tricare patients it takes on because it, too, is unhappy. Austin Diagnostic Clinic has announced it is terminating its contract with Tricare Prime this spring, forcing more than 2,800 military family members to find other primary care doctors. Tricare officials suspect the second practice group—Austin Regional Clinic—could do the same in another year. The second group is negotiating with Tricare representatives to determine whether it will remain in the network in 1999.

Not so attractive The complaints involve rates physicians are paid and the program's administrative burdens. Combined, those factors make Tricare a less attractive deal than other plans, the doctors groups say. Tricare's reimbursement rates are among the market's lowest. Only Medicaid pays less, according to officials from both clinics. More than that, however, the practice groups cite administrative rules that they say are cumbersome at the least. Austin Diagnostic Clinic said the rules raise questions about continuity of patient care. Among other problems, Austin Diagnostic Clinic had difficulty receiving patient medical records from the military's system, unless patients hand-carried the records with them. Under the military's managed care system, patients often go to a military medical facility when they need a specialist. But when that care is complete and they return to Austin Diagnostic physicians for primary care, the civilian doctors often don't receive the information and records they need to treat the patient further, said Laura Palmer, Austin Diagnostic Clinic's executive director of managed care. Unable to resolve the issues during six months of negotiations, the clinic elected to end the contract. "We just don't feel that we have many options available Palmer said.

Fourth to want out Austin Diagnostic Clinic is at least the fourth provider group within a year to end its Tricare relationship because of a combination of low or slow pay **and** cumbersome administrative requirements. One group of cardiologists in Florida, however, returned to Tricare after a congressman intervened to resolve differences. A provider group in Colorado Springs, Co., which left the network, also specifically noted that it could not get medical records, including test results, from the military hospitals in a timely fashion, if at all. Of the 23,000 military beneficiaries in the Austin area, some 5,954 are enrolled in Tricare Prime, the military's version of an HMO. Doctors who join the network agree to discounted rates in exchange for access to an insured population. Austin Diagnostic Clinic began notifying patients in November that they must find new primary care managers by May 1, 1998, because the clinic is canceling its contract. Some 802 military family members were still enrolled there in Prime as of Jan. 6, 1998, according to Foundation Health Federal Services, which administers the Tricare contract in the area. Foundation officials say they don't want Austin Diagnostic Clinic to leave the network but that even without them, there are sufficient numbers of physicians to provide care. Some 179 primary care managers and 416 specialists are part of the Tricare network in Williamson and Travis counties, which make up the Austin metropolitan area. Without the Austin Diagnostic Clinic providers, the network includes 133

primary care managers and 349 specialists. "This is not an emergency. ...We have an adequate network of primary care managers in Austin. We are constantly evaluating and will continue negotiations with providers to ensure network adequacy," said George Beringer, service area director for Tricare Region 6, which includes Austin.

Severing relationships To patients, though, changing providers can be a "significant event," because they must establish a relationship with the new doctor, Beringer said.

The second doctors' group, Austin Regional Clinic, has received some of the patients transferring from Austin Diagnostic Clinic. But Austin Regional Clinic recently stopped taking new patients from Tricare, with a few exceptions. It will see new patients only if they are immediate family members of an existing Tricare patient, or are patients under another health plan that switches to Tricare. As of Jan. 6, 1998, Austin Regional Clinic served as the primary care managers for 4,435 Prime patients. It and Foundation Health Federal Services are negotiating a "number of issues" which will determine whether Austin Regional Clinic remains in the provider network next year, Foundation said. Both clinics have been part of Tricare since it began in Austin Nov. 1, 1995. Practitioners at the clinics also were treating military family members before Tricare began. "Some military beneficiaries have been seeing Austin Regional Clinic doctors for more than a decade, and the group has a strong attachment to them," said Thomas N. Young, the clinic's chief operating officer. "We are working very hard to preserve the relationship," Young said. Austin Regional Clinic points to reimbursement rates that don't cover costs and administrative requirements that it says increases its staff's workload. Austin Regional Clinic doctors, for example, must get the Foundation's approval for referrals to specialists. For its other contracts, the clinic has an in-house referral review system that simply follows contractor guidelines. Young said that if they could negotiate a contract with Tricare and Foundation that was similar to contracts the clinic holds with other patient networks, "we could cut through a lot of the bureaucratic red tape." (Army Times, February 23, 1998)

MORE VETERANS AUTHORIZED COLD-INJURY COMPENSATION UNDER NEW VA REGULATION

A new VA regulation that revises benefits for cold-weather illnesses took effect last week, making veterans eligible for compensation from such injuries to any part of the body, not just the feet. In anticipating the change over the past year VA explained the proposal to its physicians, and veterans can now file claims at regional offices. "The wait has been far too long for too many veterans," said Deputy VA Secretary Hershel Gober in a statement. "We are beginning to better understand the long-term effects of cold injures." A group called the Chosin Few, referring to a reservoir in North Korea where ferocious combat took place, was instrumental in lobbying for the change, which took over 20 years, according to other Korean War groups. The Chosin Few couldn't be reached for comment. "I think it's great" said Donald E. Barton, first vice president of the Portland, Ore.-based Korean War Ex-POW

Association. "We went through a lot of years without getting headway on that." The Korean War was fought in sub-zero winter temperatures without adequate warm clothing and equipment, the war's veterans have argued over the years. "There is a lot of residual effects of frostbite that have shown up in the last 10 years," Barton said. "It's time VA recognized that." The department said it expanded eligibility for the cold regulation because of better medical knowledge of injuries due to low temperatures. Besides the Chosin Few, Korean War veterans organizations credit VA's top doctor, Kenneth Kizer, who heads the Veterans Health Administration, for the change. "Kizer came out (to Oregon) and talked to the Chosin Few about cold injuries, and they jumped on him," Barton said. "Now they are service-connected." Conditions that now may be related to cold exposure include peripheral neuropathy, circulatory problems, skin cancer in frostbite scars, chronic night pain, arthritis of exposed parts and fungal infections, VA said. Eligible veterans and their survivors can receive benefits. Monthly compensation rates in late December ranged from \$94 for a 10 percent disability to \$1,924 for a 100 percent disability. (Stars and Stripes, January 19-February 1, 1998)

NEW DENTAL PROGRAM FOR ELIGIBLE RESERVE PERSONNEL

The Department of Defense, working in conjunction with Humana Military Healthcare Services, is now offering the TRICARE Selected Reserve Dental Program. This new dental insurance program has been approved for all Uniformed Service National Guard and Reserve personnel who are members of the Selected Reserve. For Beneficiary Services, Benefits, Eligibility, or Dentist Locator call 1-800-211-3614.

RETIREE DENTAL PLAN

The contractor for the Defense Department's new retiree dental plan has announced two toll-free numbers for use by people who want to enroll in the plan, or who want more information. The toll-free numbers are: 1-888-838-8737 for enrollment and 1-888-336-3260 for customer service (claims, eligibility, billing and payment inquiries).

VETERANS' ORGANIZATIONS "WHY JOIN?"

Veterans' organizations are in need of membership. Their membership increases in times of crisis when it is popular to show that membership. After a war the military falls into disfavor with the public and government who both view it as a drain on the economy. When this situation occurs, not only does the government try to disassociate from the military, but the public loses interest in veterans' organizations. Even many of those who served honorably in past wars start questioning themselves: "Why should I join (or renew my membership in) a veterans' organization? I did not volunteer for the military, I did not want to be in a war and I did not enjoy myself when I was there." I did not realize, until years after I returned home, what my service meant to my family and country. I should be proud of my accomplishments and

those of my comrades who went through the military experience. I now enjoy the friendship won by being a member of a rather elite group who suffered together at the call of our government. The older veterans of other wars make us see that the time sacrificed in the service keeps our country free, and that veterans' organizations fight for those who have not returned as fortunate as they were when they left. Organizations such as the American Legion, Veterans' of Foreign Wars, AMVETS, Vietnam Veterans, Disabled American Veterans, Catholic War Veterans, Jewish War Veterans, and others all help to preserve the meager benefit which we owe to those who gave so much for all of us. The only power that these organizations have is numbers of members. This is why we should join veterans' organizations. (Illinois Veteran, Vol. VI, Spring 1994)

**MERCHANT MARINE BONUS
(TIME IS RUNNING OUT!)**

If you served between December 7, 1941, to August 15, 1945, you could be eligible for a Merchant Marine Bonus approved by the Delaware legislature (Application is on page 15). Contact the Delaware Commission of Veterans Affairs at (800) 344-9900 or (302) 739-2792 for more information.

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

Medical Services Provided

All data is from 4th Quarter FY97, Jul. 1-Sep. 30, 1997.

Surgical Cases: 403

Dental procedures performed on an outpatient basis:

Sittings: 1210

Total procedures: 2887 (includes exam, routine fillings, extractions, cleaning, x-rays, etc.)

MCCR collections: \$564,444

Prescriptions issued/patients:

MONTHS	REQUESTS	PRESCRIPTIONS	COST
Oct.-Dec.	27,928	70,741	\$1,251,165
Jan.-Mar.	27,786	71,095	\$1,235,585
Apr.-Jun.	28,133	71,268	\$1,321,669
Jul.-Sep.	27,971	67,724	\$1,365,378
TOTAL	111,818	280,828	\$5,173,797

Requests=number of times a veteran presents prescriptions to be filled. Prescriptions filled=the number of individual prescriptions filled. Cost=the total cost of all prescriptions filled.

FLAGS ISSUED: 343

REGIONAL OFFICE ACTIVITY:

MONTHS	Vet Services Interviews	Other Visitors
Oct.-Dec.	1683	719
Jan.-Mar.	2225	972
Apr.-Jun.	2005	998
Jul.-Sep.	2077	1077
TOTAL	7990	3766

Other Visitors=Service Officers, finance, Vocational Rehab, Department of Labor.

Summary of Volunteer Organizations

	<u># of Volunteers</u>	<u>Total Hours</u>
American Gold Star Mothers	3	547
American Legion	94	13,589
American Legion Auxiliary	32	2,270
American Red Cross	12	2,131
AMVETS	3	483
AMVETS Auxiliary	3	127
B.P.O. Elks	8	207
B'nai B'rith Women	1	37
Daughters of American Revolution	10	291
Disabled American Veterans	35	6,093
Disabled American Veterans Auxiliary	21	618
General Federation of Women's Clubs	2	8
Jewish War Veterans	7	622
Jewish War Veterans Auxiliary	1	108
Marine Corps League	31	2,586
Marine Corps League Auxiliary	11	485
Masonic Service Association	20	3,012
Military Order of the Cootie	17	1,596
Military Order of the Cootie Auxiliary	12	968
Military Order of the Purple Heart		6
51		
Archdiocese for Military Services		24
865		
Jewish Welfare Board	1	4
Salvation Army	19	219
Veterans of Foreign Wars	64	7,491
Veterans of Foreign Wars Auxiliary	71	3,845
Forty & Eight	1	186
Order of Eastern Star	11	1,202
AARP	1	72
Boy Scouts of America	1	16
Fleet Reserve Association	3	757
Knights of Columbus	21	747
Order of Oddfellows	2	13
Order of Rebekah	3	133
Paralyzed Veterans of America	7	5,735
Retired Senior Volunteer Program		4
609		
Vietnam Veterans of America	2	127
Korean War Veterans Association		4
587		
WAVES National	1	245
Retired Officers Association Ladies	1	206
Colonial Dames of America	6	14
Nonaffiliated	52	5,391

GAO ISSUES REPORT ON DVOPS/LVERS

Over the last 10 years, the appropriations for the Veterans Employment and Training Service (VETS), when adjusted for inflation, have declined by 11 percent and DVOP and LVER positions have not been fully funded since 1990, according to a report issued by the General Accounting Office (GAO) in October, 1997. The report, requested by Congressman Jack Quinn of New York, focused primarily on VETS; two employment assistance grants to states which fund salaries for DVOPs and LVERS. It contained information on national funding trends for DVOP and LVER staff and how the funds are allocated to the states; how state performance is measured; position requirements for DVOP and LVER staff; and how staff time is allocated among the variety of veterans' employment service programs. The report stated that in FY 1997, VETS' budget appropriation funded 440 fewer DVOP and 260 fewer LVER positions than authorized by statutory

authority. Costs per position varied from state to state; DVOP positions ranged from \$24,222 to \$67,333 and LVER positions ranged from \$25,625 to \$77,235. Characteristics of the staff, aside from the legally mandated one of being a veteran, showed that 50 percent of DVOPs and 56 percent of LVERs had four-year college degrees. 95 percent of DVOPs and 62 percent of LVERs were disabled veterans. DVOPs and LVERs reported that they spent most of their time on job search and referral, and intake and assessment. Most of the staff reported that they would like to spend more time performing job search, employer outreach, and case managing those individual veterans who require special assistance. Less than 25 percent of the DVOPs and LVERs reported that they engaged in TAP facilitating and those who did spent less than six days a month on TAP activities. Much of the report dealt with performance measurement. The GAO found that current measurement guidelines focus more on process than results and is based on a relative scale of providing a higher level of service to veterans than non-veterans. The GAO recommended that VETS begin developing performance based measurements in accordance with the Government Performance Results Act. VETS is currently working with the states of Connecticut, Idaho, Illinois, Montana, Nevada, North

- Army Separation and Retiree Locator, National Personnel Records Center, 9700 Page Ave., St. Louis, MO 63132-5100.
- Internal Revenue Service Disclosure Office – Call the IRS Customer Service Office at (800) 829-1040 for the nearest IRS Disclosure Office.
- Veterans Administration, Records Processing Center, P.O. Box 5020, St. Louis, MO 63115. This service can locate retirees who have filed a VA claim.

(Army Reserve Magazine, Winter 1998)

VA HOME IMPROVEMENT AND STRUCTURAL ALTERATIONS PROGRAM

VA Medical Centers have a Home Improvement and Structural Alteration (HISA) program which provides

- ü A written estimate of the materials the contractor will use.
- ü A detailed description of the work to be done.
- ü A written estimate of the cost.
- ü A summary of why the project is needed.
- ü An explanation of how the project will enable the veteran to continue his medical treatment or improve his access to his home or essential facilities.

(Mississippi State Veterans Affairs Board Newsletter, September-December, 1997)

VOLUNTEERS AND IRS DEDUCTIONS

It was brought out at the last Idaho Veterans Affairs Commission meeting that person who volunteer time for activities such as funerals may be able to claim some deductions. The following is from the IRS Online Page (Search for charitable contribution mileage), <http://www.irs.ustreas.gov/prod/cover/html>. From Publication 17. Car expenses. You can deduct unreimbursed out-of-pocket

Dakota, Ohio, and Utah to test new ways of measuring performance. Pilot evaluation activity is scheduled to be completed by July 31,1998. The GAO report is available by calling (202) 512-6000. It is also available on the agency's internet web site at <http://www.gao.gov>. The report title is HEHS-98-7. (Idaho State Veterans Services Bulletin, February 1998)

LOCATOR SERVICE ELIMINATED

To improve other services, the retiree locator service was discontinued Oct. 1, 1997, at the U.S. Army Reserve Personnel Command here. The AR-PERSCOM Soldier and Family Support Directorate ended this mail forwarding which allowed Army retirees to contact fellow ex-soldiers. The service was discontinued because of the enormous number of hours spent processing request. This will give AR-PERSCOM employees more time to work with the individual soldiers they manage, resulting in better service. Requests for locator services will be returned to the sender with a letter explaining the discontinuation and will contain alternate sources for information. These are:

financial assistance to improve access to a disabled veterans home or to essential lavatory and sanitary facilities. The one lifetime benefit for service connected disabled veterans is up to \$4,100 and up to \$1,200 for non-service connected disabled veterans. Eligible veterans include:

1. Veterans whose disabilities require home adaptations because of service connected disabilities.
2. Service Connected veterans receiving authorized post-hospital care treatment.
3. Veterans with disabling non-service connected conditions that hold a 50% or more service connected rating.
4. Disabled non-service connected veterans of World War I or the Mexican Border period.

Applicants must complete a VA form 10-0103 and provide:

expenses, such as the cost of gas and oil that are directly related to the use of your car in giving services to a charitable organization. You cannot deduct any part of general repair and maintenance expenses, depreciation, registration fees, or the costs of tires or insurance. If you do not want to deduct your actual expenses, you can use a standard rate of 12 cents a mile to figure your contribution. Beginning in 1998, the standard mileage rate increases to 14 cents per mile. You can deduct parking fees and tolls, whether you use your actual expenses or the standard rate. (Idaho State Veterans Services Bulletin, February 1998)

GUEST OF THE NAVY PROGRAM

The Commander, Naval Base Norfolk, Norfolk, VA, has a listing of allocated billets for the Guest of the Navy Program. Civilian guests are ideally mid to senior level executives, have no affiliation with or previous exposure to the Department of

the Navy and will assist with recruiting or other Navy objectives. Examples of candidates are business proprietors, civic leaders, and school officials. Nominations must be submitted at the earliest opportunity, but no later than three weeks in advance. Guests will be invited on a prioritized Navy selection basis. COMNAVBASE will notify selectees and confirm their participation by letter. Prospective guests should be advised that operation schedules are frequently modified. Participants should leave a number where they can be contacted should last minute changes or cancellations

- § Military service members who died while on active duty.
- § Military retirees with at least 20 years of active duty or active reserve service and those retired for disability.
- § Veterans honorably discharged for 30 percent or more disability before Oct. 1, 1949.
- § Holders of the nation's highest military decorations, such as the Medal of Honor, Distinguished Service Medal, Distinguished Service Cross, Silver Star, or Purple Heart.
- § Service members who had been prisoners of war or missing in action.
- § The spouse or unmarried minor (under 21) of any of the above.
- § An eligible person's unmarried adult child with physical or mental disability acquired before age 21.
- § The president, as the armed forces' commander-in-chief.
- § Cabinet officials, Supreme Court justices, members of Congress and nationally elected officials, provided they have an honorable military background.

Veterans who do not meet these requirements may qualify for inurnment in the cemetery's columbarium complex, which houses cremated remains. Any honorably discharged veteran, spouse and dependent children may be inurned in the same family niche at the columbarium. Any other burials or inurnments must receive a waiver from the cemetery superintendent, the secretary of the Army or the president. (U.S. Army Military District of Washington)

COURT UPHOLDS VETERAN'S RIGHTS

In a landmark decision, *Samuel J. O'Neill vs. Joseph D. Malone, et al.*, Superior Court Justice Nonnie S. Burnes found that a provision of G.L. c. 32, §4, as amended by Chapter 71 of the Acts of 1996, which excludes from eligibility for retirement credit, a "veteran who receives a federal military pension," is invalid "as applied to any period of service wholly or partly creditable under the program of Retired Pay for Non-regular Service set forth in Chapter 1223 of Title 10 of the United States Code." Stripped of its legalese, the decision means that any veteran in receipt of a federal military pension based on both active and reserve time, is entitled to purchase (up to four years) of additional creditable service for active service in the Armed Service. Justice Burnes' holding was based on the language of Title 10 United States Code §12736: "No period of Service included wholly or partly in determining a person's right to, or the amount of, retired pay under this chapter, [i.e., a reservist's pension] may be excluded in determining his eligibility for any annuity, pension, or old age benefit, under any other law, on account of civilian

occur. Nominations or questions about billets, itineraries, etc. may be referred to Paula Keicer or LT Howard Link, at COMNAVBASE Public Affairs, (757) 322-2853.

ARLINGTON BURIAL RULES

Burials at Arlington National Cemetery are restricted to specific categories of honorably discharged members of the U.S. armed forces. The general categories are:

employment by the United States or otherwise, or in determining the amount payable under that law, if the service is otherwise properly credited under it." Justice Burnes found that the state law [Massachusetts] denying such credit is preempted by the federal law, and thus unenforceable. The court also awarded Mr. O'Neill costs and reasonable attorney fees. Attorney Carl Valvo, of Cosgrove, Eisenberg, and Kiley represented Mr. O'Neill. (Massachusetts Department of Veterans' Services, Winter 1997)

MILITARY RETIREES GAIN A VICTORY!

On November 6, 1997, Governor Argeo Paul Cellucci signed into law Chapter 139 of the Acts of 1997, which exempts military retirement income received on or after January 1, 1997 from paying state income tax. The signing took place in the Great Hall at the State House and represented the culmination of effort by numerous veterans' organizations, individuals and pro-veteran legislators. Prior to the signing, Massachusetts remained the only state in the nation that exempted from state income tax the pensions of its former public employees while it taxed the military pensions of its veterans. Chapter 139 amends Massachusetts General Law, Chapter 59; § 2, a statute which defines taxable and non-taxable income. The new law will affect more than twenty thousand retirees and the spouses of deceased retirees who receive survivorship benefits. Present at the signing were a number of legislators, including Senator Warren Tolman, a leading sponsor of the bill, and Jo Ann Sprague and Mary Jeanette Murray, two veterans who have worked long and hard for the bill's passage. It is expected that the cost of the legislation in terms of lost tax revenue will be minimal. The average military pension is only about \$14,000 a year, which translates to \$833 in taxes. Many believe that Governor Cellucci's signing of this law will make Massachusetts, particularly Cape Cod, an economically attractive place for military pensioners to retire. (Massachusetts Department of Veterans' Services, Winter 1997)

VBA TAKES HIT AS GAO REPORT ON JOBS FOR DISABLED IS AIRED ON HILL

The Veterans Benefits Administration's vocational rehabilitation program came under fire at a House VA subcommittee on benefits hearing February 8, 1998, which focused on a recent Government Accounting Office (GAO) report saying the program "has not emphasized its mandate to find jobs for disabled veterans." A GAO official testified that

the program focused on sending veterans to training, not on finding suitable employment for them. GAO spokeswoman Cynthia Fangoni cited similar findings from previous reports issued in 1984, 1992 and 1996. "VBA program officials told us that staff focused on providing training services because, among other reasons, the staff lacked adequate training and expertise in job placement," Fangoni said. "For example, we reported in 1992 and 1996 that VBA rehabilitated less than 10 percent of veterans found eligible for vocational rehabilitation services. Furthermore, we found that VBA has not focused on assessing program effectiveness." The program is intended to help veterans with service-connected disabilities to achieve maximum independence in daily living, become employable and maintain jobs. According to Fangoni, in 1995 the VBA established a design team to "radically" restructure the program in response to earlier findings by the GAO and VA. However, unstable leadership reportedly has delayed the restructuring. The design team made 15 recommendations in October 1996 covering four major redesign areas: changing the "culture" of the program, implementing a strong marketing program, streamlining program business operations and automating more of the program's business resources. Shortly thereafter, the director of the Vocational Rehabilitation Program retired and an acting director filled in for nine months. "In part because of this change in leadership, VBA is only now in the early stages of implementing the design team's recommendations," Fangoni said. Citing a high dropout rate of veterans from the program, Fangoni said the 1996 GAO report showed that 201,000 veterans applied for the program between October 1991 and September 1995. Of those, VA classified 37 percent as eligible. "Of these veterans, 21 percent dropped out before receiving a plan, and another 20 percent dropped out or temporarily suspended their program after receiving a plan," Fangoni said. "VBA rehabilitated eight percent of the eligible veterans, and the remaining 51 percent were still receiving services at the time of our review." Ronald Drach, chairman of the Veteran's Advisory Committee on Rehabilitation (VACOR) testified that, while in general agreement with the GAO findings, some of the study comparisons were not valid. "VACOR believes that the GAO study was conducted at an inopportune time given the fact that VA had initiated a major effort to review its program and make recommendations for significant changes in order to respond to the congressional direction," Drach said. In 1995 Congress ordered VA's Vocational Rehabilitation and Counseling and Labor's Veterans' Employment and Training offices to work together more closely in getting their clients employed and improving services for their mutual clients. Shortly after that directive, the GAO was instructed to conduct its study while the design team was compiling data to help restructure the program. Both VACOR and the Paralyzed Veterans of America (PVA) support recommendations on higher qualification standards for counseling psychologists and vocational rehabilitation specialists in the program. These recommendations came in 1988 after a review by VA's Advisory Committee on Rehabilitation. PVA Associate Legislative Director Harley Thomas said the changes have not been implemented satisfactorily. "There is considerable

confusion among VA staff on appropriate hiring practices for vacancies in VR and C throughout the country," Thomas said. "PVA recommends that the VA should immediately implement nationwide the new counseling position with the attendant qualification standards for the appropriate vacancies that become available in VR and C." Thomas added that once placed in a job, aggressive follow-up is required to address problems the veteran may face. He said the current 60-day follow-up may not be sufficient. "Many catastrophically disabled veterans require a complex, coordinated array of services including training, equipment, counseling and accommodations to reenter the job market," Thomas said. VBA Undersecretary for Benefits Joseph Thompson said that, having taking action on the GAO and VACOR recommendations, "we recognize that we still have a large challenge ahead of us to get our staff members to focus more on employment services." Thompson said most of the veterans who drop out do find employment, "but often this employment is unsuited to the limitations of their disabilities." He said some take jobs with the Postal Service, but because it is incompatible with their particular disability their conditions worsen over time. Thompson said that in many parts of the country a job with the Postal Service pays more than a disabled veteran could hope for in a job more compatible with his or her disabilities and that unsuitable employment does not qualify as program success. "These concerns are longstanding and sustained efforts will be needed to improve program effectiveness," he said. Subcommittee chairman Jack Quinn, R-N.Y., said only through refocusing vocational rehabilitation and avoiding the confusion of its dispersal among various agencies could any progress be made. "All of us here are committed to helping those who are disabled," Quinn said. Also testifying were representatives from the Disabled Veterans of America, the American Legion and Vietnam Veterans of America. (The Stars and Stripes, February 16-March 1, 1998)

THREE RETIREMENT PLANS, THREE FORMULAS

With three retirement plans in effect, questions often arise about what the 1980 and 1986 changes to retirement benefits were and why they were made. The National Security Act of 1947 created the Air Force and made Army retirement laws at that time applicable to Air Force people. Army retirement laws for enlisted people allowed for retirement at 20 years of service under the Armed Forces Retirement Act of 1945. Starting with the enactment of the Army and Air Force Vitalization and Retirement Equalization Act of 1948, officers were allowed to retire with a minimum of 20 years vs. 30 years. The military retirement system has changed over the years; however, there are now three retirement systems in effect: Final Basic Pay, High 3 and the Military Retirement Reform Act, or MMRA. Final Basic Pay applies to people who entered a uniformed service before Sept. 8, 1980. Under this plan, at 20 years of service, airmen are eligible for 50 percent of their base pay. To reduce the federal budget, Congress and the Department of Defense modified the Military Retirement System twice during the 1980s. The

Department of Defense Authorization Act of 1981, enacted Sept. 8, 1980, authorized the High 3 retirement plan. Those who entered the service between Sept. 8, 1980, and July 31, 1986, are eligible for 50 percent of the average of their highest three years of their base pay. The MRRRA was signed into law July 1, 1986. Under this act, people who entered the service Aug. 1, 1986, or after receive 40 percent of the average of their highest three years of their base pay until age 62. This equates to roughly 36 percent of the member's base pay just prior to retirement, because of the effects of averaging the highest three years of base pay. For example, a master sergeant with dependents and 20 years of service earns about \$40,000 a year in pay and allowances while on active duty; base pay represents about \$28,000 of this amount. Once retired, this master sergeant will receive about \$10,000 a year or roughly 36 percent of base pay under MRRRA. In comparison, a master sergeant retiring under the Final Basic Pay Plan will receive about \$14,000 a year (50 percent of base pay), and a master sergeant retiring under the High-3 Plan will earn about \$ 13,000 a year (46 percent of base pay). Air Force personnel officials emphasize the positive aspects of MRRRA. They note that airmen eligible for retirement under MRRRA who stay on active duty beyond 20 years will increase their retired pay by 3.5 percent for each additional year of service up to a maximum of 75 percent of base pay for 30 years service. This, according to the personnel officials, compares favorably with the 2.5 percent per year increase allowed by the Final Basic Pay and High-3 Plans. In addition, when weighing the value of retirement benefits under MRRRA, retired pay is increased at age 62 to 50 percent of base pay (vs. the 40 percent at retirement) for retirees with 20 years of active-duty service. Those who want to calculate projected retirement pay can contact their local military personnel flight. Another source is the Air Force Personnel Center home page at <http://www.afpc.af.mil/>. Click on Retirements/Separations, then Estimates On-Line where customers can do their own informal calculations in less than five minutes. (Air Force News, The PointCast Network, March 6, 1998)

NORTH KOREA TURNS U.S. NAVY SPY SHIP *PUEBLO* INTO BADLY NEEDED TOURIST ATTRACTION

North Korea has turned the *Pueblo*, a U.S. Navy intelligence ship captured 30 years ago, into a tourist attraction to attract badly needed foreign exchange, a Japanese scholar said last month. Shinobu Oe, professor emeritus of contemporary history at Ibaraki University, told Reuters he visited the North Korean port of Wonsan, where the vessel is docked, on Oct. 29. "As far as I know the North Koreans have been showing the ship to Japanese tourists since August," Oe said. "They tell tourists it's the *Pueblo*". The capture of the *Pueblo* and its crew by North Korean patrol boats off Wonsan in January 1968 held the administration of then-President Lyndon Johnson at bay for months. Japan's Asahi newspaper Jan. 26 published a photograph Oe took of the ship, which showed it bristling with antennae and wires. The professor said he could only view the ship from the dock. "It sure looks like the

Pueblo," said a U.S. embassy naval attache in Tokyo who saw the photograph. Oe said North Koreans at the port gave no information about the ship or how it had been used for the past 30 years. Attracting foreign currency has become increasingly important to North Korea after years of economic decline and failed harvests that have left the isolated Stalinist nation struggling to feed its people. The standoff prompted by Pyongyang's seizure of the *Pueblo* 30 years ago led to a U.S. state of naval alert rivaling the Cuban missile crisis in 1963. The crew was finally released in December 1968, but the ship stayed in North Korean hands. Pyongyang portrayed the incident as a huge blow to the prestige of the U.S. superpower, which was then in the throes of the controversial Vietnam War. (The Stars and Stripes, February 16-March 1, 1998)

EMPLOYMENT RIGHTS AID ON INTERNET

A new Internet program, designed to inform veterans, reservists and National Guard members about their employment and reemployment rights under the Uniformed Services Employment and Reemployment Rights Act (USERRA), debuted Nov. 24, 1997. Known as Expert Systems, these programs are designed as a series of questions and answers that imitate the interaction a person might have with a human expert to solve a problem. Expert Systems on the Internet will become one of the Labor Department's primary tools for communicating information about regulatory compliance to the public. The USERRA program will answer questions about employee eligibility and job entitlements, employer rights and obligations, and benefits and remedies available under the law. This system joins a similar system set up several months ago to explain veterans preference in hiring for federal government jobs. Both systems can be accessed on the Department of Labor's web sites at www.dol.gov/dol/vets. Hot buttons exist to provide easy access to the systems. They also contain hyperlinks to more detailed information on other web sites. (Veterans' Voice, April 1998)

BEWARE OF AFFINITY GROUP CON ARTISTS

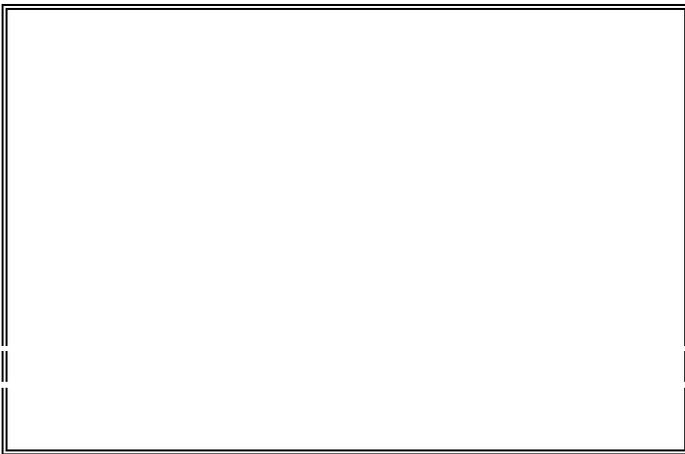
The old line "in unity, there is strength" is accurate. Pride in one's group, whether it be ethnic, cultural or religious, helps to build neighborhoods and revitalize life. If not watched carefully, however, group pride can become a double-edged sword, according to some securities regulators. Con artists prey on the group mindset to bilk its members of money - in some cases, hundreds of thousands of dollars worth. These schemes exploit group loyalty and a reluctance to alert outside authorities. Con artists claiming to be a member of the same group will ask for investment funds. Often, the swindler will lull members into a misplaced trust by selling first to a few prominent group leaders, then pitching the scam to the rest of the group. While immigrants are especially vulnerable to such scams, affinity group fraud is not restricted to ethnicity. Religious-related fraud - in all denominations - has become a widespread problem in many states, security regulators say. "You can trust me because I'm like you is the siren song of these con artists," says Mark J. Griffin of the North American

Securities Administrators Association, Inc. "But don't be fooled. Minority group swindlers play the loyalty angle for all

- .. Beware of testimonials from other group members; scam artists frequently pay out high returns to early investors using money from later arrivals.
- .. Get a prospectus or other form of written information that details the risks in the investment and procedures to get your money out.
- .. Ask for professional advice from a neutral outside expert not in your group - an accountant, attorney or financial planner - to evaluate the investment.

If you suspect you may be the victim of affinity fraud, call or write the security agency in your state immediately. For a phone number or address, call NASAA toll free at 1-888-846-2722. (Veterans' Voice, April 1998)

**CERTIFICATE OF APPRECIATION
TO 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 17) 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.

STATE VETERANS SERVICE OFFICER

- Active Duty Pay (Indianapolis) 1-317-510-2800

it's worth." Here are some tips from NASAA to help avoid affinity group fraud:

Mr. Harry J. Sanchez, a State Veterans Service Officer, is available to offer information and assist in submitting claims for all veterans and their dependents in matters concerning education, disability compensation, hospitalization, rehabilitation and pensions. For more information, Mr. Sanchez can be reached at the following telephone numbers or e-mail addresses: (302) 739-7447 (M-F 8:00 AM-4:30 PM), (800) 344-9900 voice mailbox #129 (24 hrs) e-mail: harry.sanchez@dol.net.

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. The meeting schedule varies for December and June of each year. These meetings are open to the public. If you would like to attend, please call 1-800-344-9900 or 302-739-2792.

LISTING OF TOLL FREE 800 NUMBERS

Veterans and dependents throughout the country may obtain information on VA benefits from regional offices by calling a toll-free number:

Benefits Information and Assistance	1-800-827-1000
Armed Forces Retirement Homes	
US Soldier's & Airmen's Home	1-800-422-9988
US Naval Home	1-800-332-3527
CHAMPVA	1-800-733-8387
Court of Appeals	1-800-869-8654
Debt Management Center	1-800-827-0648
Inspector General Hotline	1-800-488-8244
Scholarship Program	1-800-827-1191
Life Insurance Info & Service	1-800-669-8477
Office of Servicemen's Group Life Insurance	1-800-419-1473
Sexual Harassment & EEO	1-800-767-0184
Telephone Service for the Deaf	1-800-829-4833
Memorial Affairs Headstones	1-800-697-6947
Persian Gulf Veterans Hotline	1-800-749-8387
Small Business Administration	1-800-827-5722
Social Security Administration	1-800-772-1213

MILITARY PAY NUMBERS

ARMY

- Reserve Pay (Indianapolis) 1-317-510-2800

- Retiree Pay (Cleveland) 1-800-321-1080
 - Annuitant Pay (Denver) 1-800-435-3396
 - Garnishment (Cleveland) 1-216-522-5301
 - Active Duty Pay (Cleveland) 1-800-346-3374
 - Reserve Pay (Cleveland) 1-800-255-0974
 - Retiree Pay (Cleveland) 1-800-321-1080
 - Active Duty Pay (Denver) 1-800-755-7413
 - Reserve Pay (Denver) 1-800-755-7413
 - Retiree Pay (Cleveland) 1-800-321-1080
 - Annuitant Pay (Denver) 1-800-435-3396
 - Active Duty Pay (Kansas City) 1-800-449-3327
 - Reserve Pay (Kansas City) 1-800-449-3327
 - Retiree Pay (Cleveland) 1-800-321-1080
 - Annuitant Pay (Denver) 1-800-435-3396
 - Garnishment (Cleveland) 1-216-522-5301
 - Vendor Pay (Kansas City) 1-800-449-3327
- (DFAS-Customer Service, <http://www.dfas.mil/custsrvc>)

OUTREACH SERVICES

American Veterans (AMVETS)

Michael Companion, National Service Officer, VA Regional Office, 1601 Kirkwood Highway, Wilmington, DE 19805 (302) 994-2511 ext.4366.

Disabled American Veterans (DAV)

Charles Kashner and Joe Kehne, Dept. Service Officers (DAV), (302) 697-9061 or (302) 697-3335 (Kent County).
 Every Wednesday: DAV Headquarters Building (Kent) 138 South Street Camden, DE 19934
 Every Thursday: Dept. of Labor (Sussex) Div. of Emp & Trng Georgetown Professional Park 600 N. DuPont Hwy. Georgetown, DE 19947

Veterans of Foreign Wars (VFW)

James Withrow, Dept. Service Officer, VA Regional Office, 1601 Kirkwood Highway, Room 21, Wilmington, DE 19805 (800) 461-8262 ext. (302) 633-5326.
 1ST Thursday Dover Armory (741-7516) 8:00-11:00 AM
 Milford VFW (422-4412) 1:30-4:00 PM
 2nd Thursday Dover Armory (741-7516) 8:00-11:00 AM
 Milton VFW (684-4975) 1:30-4:00 PM
 3rd Thursday Dover Armory (741-7516) 8:00-11:00 AM
 Rehoboth VFW (227-3469) 1:30-4:00 PM
 4th Thursday Dover Armory (741-7516) 8:00-11:00 AM
 Seaford VFW (629-3092) 1:30-4:00 PM
 5th Thursday Dover Armory (741-7516) 8:00-11:00 AM
 Georgetown VFW (856-6098) 1:30-4:00 PM

American Legion

- Vendor Pay (Indianapolis) 1-888-332-7366

NAVY

- Annuitant Pay (Denver) 1-800-435-3396
- Garnishment (Cleveland) 1-216-522-5301
- Vendor Pay (Cleveland) 1-888-693-1371

AIR FORCE

- Garnishment (Cleveland) 1-216-522-5301
- Vendor Pay (Denver) 1-888-693-1371

MARINE CORPS

Billy R. Hughes, Dept. Service Officer, (302) 633-5323, will visit the following posts between 10:00 AM and 2:00 PM on the following dates.

MAY 15 Oak Orchard/Riverdale, Post 28 945-1673
 MAY 22 Seaford, Post 6 629-9915
 MAY 29 Dover, Post 2 674-3922
 JUN 5 Laurel, Post 19 875-9948
 JUN 12 Oak Orchard/Riverdale, Post 28 945-1673
 JUN 19 Seaford, Post 6 629-9915
 JUN 26 Dover, Post 2 674-3922

VETERANS ADMINISTRATION

Claims, Benefits, Veterans Services (Regional Office).....1-800-827-1000
 General purpose, Hospital Scheduling, Transportation, etc.....1-800-461-8262 / 944-2511
 Veterans Outreach Center (New Castle County).....633-5360
 (Kent and Sussex County).....422-8011

DELAWARE VETERANS MEMORIAL CEMETERY

Wesley R. Jones, Cemetery Administrator.....834-8046

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 (#123)

EMPLOYMENT SERVICES

James A. Platt (Wilmington).....302-761-8096
 Desiree Young (Wilmington).....302-761-8093
 Mitchel Vance (Newark).....302-453-4350 ext. 218
 Mike Wolanski (VA Regional Office, Elsmere).302-633-5492
 Jim Wilson (Dover).....302-739-5473
 David White (Dover AFB).....302-677-6942
 Scottie Williams (Dover).....302-739-5473

John Lapps (Georgetown).....302-856-5230

40&8

**DELAWARE COMMISSION OF
VETERANS AFFAIRS SERVICES**

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

BOX

Veterans Cemetery.....115

Veterans Service Officer.....129

COMMISSION MEMBERS

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
Marine Corps League

Mr. Benjamin Pernol, Jr.....110
Veterans of Foreign Wars

Mr. Reese E. Phillips.....104

Mr. Garry G. Greenstein.....113
Jewish War Veterans

Mr. Alfred Antonelli.....107
Delaware/Maryland Paralyzed Veterans

Mr. Tom Schranck.....105
Delaware Veterans, Incorporated

Mr. Ronald E. Pospichal.....125
American Legion

Mr. Howard E. Melson.....126
American EX-Prisoners of War

Mr. Robert D. Marcinkowski.....103
The Retired Officers Association

Mr. Edwin L. Meeds.....128
The Military Order of the Purple Heart

Mr. Roy Newlin.....108
Representing WWI

Mr. Walter W. Smock.....117
American Veterans of World War II, Korea and Vietnam

DON'T SAY GOOD-BYE TO GOOD HEALTH!!!

Call The Nemours Health Clinic Today!

If you are: 65 or over, a resident of Delaware, a U.S. Citizen and your income is no more than \$11,900/Single Person or \$16,300 or less combined/Married couple.

NOTE: If married, each individual must be at least 65 to receive care.

You are eligible!

Receive: **FREE** Eye Care, **FREE** Dental Care, **FREE** Hearing Tests,
Hearing Aids & Hearing Aid Batteries

NO OTHER MEDICAL SERVICES ARE AVAILABLE.

DISCOUNTED Drugs through The Nemours Health Clinic

NOTE: There is a co-pay of 20%

For more information call:

New Castle County residents: 429-9400

Kent & Sussex County residents: 1-800-292-9538

These quality services are funded by **The Nemours Foundation**
Caring for the Young. . . and the Older Citizens of Delaware

The Nemours Foundation

1801 Rockland Road

Wilmington, DE 19803

(MMC Bulletin, March 1997)

The Centurion is published for informational purposes only, and does not necessarily reflect the views of the Delaware Commission of Veterans Affairs or the State of Delaware.

Paid for with State Funds

If you are not already on our mailing list and wish to receive this newsletter on continual basis, please provide the following information below: (Articles should be submitted to the Commission Office directly)

***NOTE: Due to the implementation of the 911 Emergency Response Number, your address may have changed. To ensure uninterrupted delivery of future issues, please submit any address changes.

NAME/ORGANIZATION _____
STREET _____
CITY _____ STATE _____ ZIP _____ - _____

MAIL TO: DELAWARE COMMISSION OF VETERANS AFFAIRS
P.O. BOX 1401
DOVER, DELAWARE 19903

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

Veterans Name _____
FirstMiddleLast

Address _____
StreetCityStateZip

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

**BULK RATE
U. S. POSTAGE
PAID
PERMIT NO. 120
DOVER, DE**

STATE OF DELAWARE

"Serving Delaware's Veterans"



Delaware Commission of Veterans Affairs
P.O. Box 1401
Dover, Delaware 19903

DCVA 20-01-98-04-01