



THE CENTURION

DELAWARE COMMISSION OF VETERANS AFFAIRS

25 The Green - Old State House, Dover, Delaware 19901
Telephone (302) 739-2792 or
Toll Free 1-800-344-9900 (in state)
Internet Address: <http://www.state.de.us>

Thomas R. Carper
Governor

Edward J. Freel
Secretary of State

J. Thomas Schranck
Commission Chairman

Antonio Davila
Executive Director

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MEDICARE COULD SAVE \$1 BILLION

The Medicare system could save more than \$1 billion annually by buying prescription drugs directly from manufacturers instead of reimbursing pharmacies for filled prescriptions. The finding comes from a comparison of drug purchasing practices between Medicare and the Department of Veterans Affairs (VA), which was conducted by the Office of Inspector General (IG). In a report released last week, the IG's office explained that Medicare could have saved \$1.03 billion in 1998 if it had reimbursed for 34 prescription drugs according to the VA's Federal Supply Schedule. "This savings represents almost half of the \$2.07 billion in reimbursement that Medicare and its beneficiaries paid for these 34 drugs in 1997," according to the report. The VA purchases prescription drugs in bulk from manufacturers, and is therefore able to obtain large volume discounts, the IG investigators explain. Medicare, on the other hand, reimburses pharmacies for individually-filled prescriptions and pays up to 16 times more than the VA for some pharmaceuticals. The authors note that Medicare does not cover pharmaceutical products for general use, but does pay for certain drugs "in high-cost circumstances." Specifically, Medicare pays for "certain drugs used in association with organ transplantation, dialysis, chemotherapy, and pain management for cancer treatment," as well as for some vaccines. The IG's office recommends that the Health Care Financing Administration (HCFA) "...reexamine its Medicare drug reimbursement methodologies with the goal of reducing payments as appropriate." Until new legislation can be enacted, the office suggests "that HCFA utilize the new inherent reasonableness or competitive bidding authorities provided in the Balanced Budget Act of 1997 to reduce Medicare's unreasonably high payments for certain drugs." In a response to the report, Nancy-Ann Min DeParle, chief administrator of Medicare, calls the IG's findings "extremely disturbing." She concurs with the recommendations in the report, but reminds the IG's office that HCFA and the VA operate under different statutory constraints. (*Reuters, 12/1/98*)

THOUGHT FOR THE QUARTER

What lies behind us and what lies before us are tiny matters compared to what lies within us.

WOMEN VETERANS HEALTH CENTER

Program provides comprehensive health care to women veterans of all ages. They are part of the Southeast Pennsylvania Comprehensive Health Care Network for women veterans which includes VAMCs; Coatesville, Lebanon, Philadelphia and Wilmington. Services provided are listed below:

<u>SCREENING</u>	<u>EDUCATION</u>	<u>TREATMENT</u>
Pap Smear Disease	Self Breast Exam	Breast
Pelvic Exams Breast Exams Transmitted	Nutrition/Weight Loss Menopause	Vaginitis Sexually
Mammography Colorectal Cancer Cardiovascular Risks Hypertension Osteoporosis Cholesterol Health Svcs.	Osteoporosis Sexual Assault Premenstrual Syndrome Family Planning Smoking Cessation Contraceptive Counseling	Diseases Pelvic Infections Menstrual Disorders Menopause Osteoporosis Mental
Care	Aging Sexuality	Primary

Generally speaking, most women veterans are eligible for VA health care benefits. For specific information related to your eligibility, call (302) 633-5519 between 8:00a.m. and 4:30p.m., Monday-Friday. To schedule an appointment with the Women's Health Program, please call (302) 633-5500 between 8:00a.m. and 4:30p.m. All appointments should be made in advance and do not require a physician referral. (Wilmington VA Medical Center, 1601 Kirkwood Highway, Wilmington, DE 19805)

READY... SET... GO! TRICARE SENIOR PRIME GETS JUMP STARTED

Tricare Senior Prime is now up and running at Dover Air Force Base. Eligibility requirements include:

- Dual-eligible retirees and their spouses (DEERS/Medicare)
- Covered by Medicare Part A and Part B
- Do not have ESRD (kidney dialysis) *Unless already enrolled in Tricare Prime
- Over 65 years old
- Live within one of the designated zip codes
- Agree to access all covered services only through your PCM
- Agree to allow HCFA to disenroll you from any other Medicare HMO
- Hospice patients are eligible to enroll in Tricare Senior Prime

Call **1-888-999-5391** or visit the **TRICARE Service Center** for more information on **TRICARE Senior Prime**

U.S. WEB SITE OFFERS CHOLESTEROL ADVICE

A U.S. government agency has set up an Internet site that should give people practical help in controlling their cholesterol. The site allows people to enter their cholesterol levels and gives advice on how to lower them. It offers recipes, exercise plans, guidance for reading food labels and explanation about drugs. "Recent studies have proven that people with coronary heart disease can prevent heart attacks and actually prolong their lives by lowering their blood cholesterol levels," Dr. James Cleeman of the National Heart, Lung and Blood Institute (NHLBI), which created the site. The site, available at www.nhlbi.nih.gov, can be found by clicking on "What's New" on the NHLBI page. More than 13 million Americans have coronary heart disease, and at least 80 percent of them would be helped by getting their cholesterol down, the government says, but only a third to a half get active treatment. (*Stars and Stripes*)

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PENTAGON PROVIDES VIAGRA BOOST

America's fighting men and military retirees who suffer from sexual dysfunction will get a boost from the Pentagon in fiscal 1999. Pentagon officials say they will spend around \$50 million to provide the impotence drug Viagra. The cost, about the price of 45 Tomahawk cruise missiles, was one of the unexpected military expenses Pentagon officials say has arisen since they submitted their original 1999 budget request. "Viagra sort of burst on the scene," Pentagon spokesman Jim Turner told the Associated Press. Defense Department health officials have reported an overwhelming demand for the drug. If Viagra were given to every soldier, sailor, airman and retiree asking for it, officials said the cost could top \$100 million.

For now, the military is limiting Viagra to men diagnosed with erectile dysfunction. Quantities will be capped at six of the \$8 to \$10 pills per month. Since Viagra was authorized for sale in the United States in March, the drug has been prescribed to more than 4 million American men, according to its manufacturer, Pfizer Inc. The Veterans Affairs Department does not carry Viagra at all its medical centers, because it could deplete as much as 20 percent of the agency's pharmaceutical budget. (*Government Executive, December 1998*)

SECRET ON GULF TROOPS

Radiation checks after top brass try to hush up the risk. The Ministry of Defense is conducting secret tests into the possible deadly radiation poisoning of Gulf War veterans. Scientists at defense research centre Porton Down are looking into the potential effects of depleted uranium on troops who fought in the 1991 conflict. The MoD has repeatedly insisted British soldiers were not exposed to harmful levels of radioactive substances in the Gulf, but last month former Royal Army Medical Corps theatre technician Ray Bristow became the first British Gulf War veteran to test positive for uranium depletion poisoning, raising the prospect that thousands more have been exposed. Now *The Express* can reveal that 16 more British soldiers are awaiting the results of expensive urine tests being carried out at their own expense in Canada and 10 more have asked to give samples. Minutes of a Gulf Veterans Medical Assessment Programme meeting, headed by Professor Harry Lee, which took place earlier this month, seem to contradict MoD denials that its scientists are investigating the effects of exposure to radioactive material. The document, which has been seen by *The Express*, states: "Research was also ongoing on depleted uranium and NAPS (nerve agent protection tablets), and Professor Lee mentioned he was going to visit Porton Down next week as part of these investigations." Since coming home from the Gulf at least 300 veterans have died and around 3,000 have suffered illnesses including breathing disorders, neurological problems, memory loss, depression and leukemia. Allied forces in the Gulf War used large quantities of shells and missiles tipped with depleted uranium, especially in anti-tank weaponry. When DU-tipped weapons hit a target, tiny radioactive particles are scattered in the surrounding area. Those breathing in large quantities of these particles are likely to suffer from poisonous deposits in the blood, kidney, lungs or bones. Cells coming into contact with the uranium can be killed or altered and likely illnesses caused by exposure include kidney damage, psychiatric disorders and cancers. Andrew Honer, of the International All Vets Unit, demanded the Government come clean about any research being carried out into depleted uranium. Mr. Honer, 41, who served in the parachute regiment during the Gulf conflict, said: "Its role is supposed to be examining, advising and counseling thousands of active and former members of the armed forces with illnesses related to the war." "Given that the MoD has always

denied that our forces were exposed to dangerous levels of radiation, why are they now doing research into the effects of exposure? It is an affront to those who have served their country to keep that secret." Asked whether the MoD was carrying out any research into the effects of depleted uranium, an MoD continue to consider evidence on all suggested causes to Gulf veterans illnesses. These include depleted uranium and Professor Lee is involved in these deliberations. "However, there is no formal research programme. The MoD remains open to any new proposals." Psychiatrist D. Beatrice Bocter, who has been coordinating the testing of veterans worried about DU poisoning, said: "Our soldiers were poisoned, their forces and populations were poisoned. The West must take responsibility and start cleaning up." Jo Masters, a solicitor at Hodge Jones and Allen, which is representing 300 Gulf veterans, said: "It's the front-line soldiers who are most likely to be affected. "We have clients with kidney problems and psychiatric disorders." The saga of the so-called Gulf War Syndrome has been with us ever since the end of the conflict in 1991. Two years ago the then Defense Minister, Nicholas Soames, apologized to veterans for the use of dangerous pesticides but the authorities have consistently denied any other liability. Indeed, they have refused to acknowledge even that the supposed symptoms of Gulf War Syndrome existed. As we reveal today, however, scientists at the Porton Down defense research centre are looking into the potential effects of deadly depleted uranium on Gulf War troops. Allied forces used large numbers of arms coated in the substance and there is evidence this may have exposed them to dangerous levels. The Government's dismissive reaction to veterans' claims has long been unsatisfactory. If the Porton Down research provides concrete proof, the next step will have to include proper compensation. (*The Express (UK), 11/26/98*)

TERMINALLY ILL VETS TO RECEIVE ACCELERATED DEATH BENEFITS

Changes in government life insurance programs signed into law by President Clinton on Veterans Day will allow terminally ill veterans to receive accelerated death benefits. The Veterans Programs Enhancement Act establishes an option for the Department of Veterans Affairs (VA) to pay these benefits under the Servicemembers' Group Life Insurance (SGLI) and Veterans' Group Life Insurance (VGLI) programs. This option allows terminally ill SGLI and VGLI policyholders to receive up to half of the face value of their coverage, up to a maximum of \$100,000 during their lifetime. "This option will greatly improve the quality of the final days of the servicemember's or veteran's life, providing them and their families much-needed finances for medical care and other essentials," said VA Under Secretary for Benefits Joseph Thompson. Another provision of the legislation authorizes VA to issue dividends to some 1,400 holders of World War II era National Service Life Insurance (NSLI) "H" policies.

Holders of more than two million NSLI policies other than "H" already receive dividends. The "H" policy program was established in 1946 to restore the insurability of veterans who could not meet the requirements of the NSLI program because of injuries they sustained in service. Even though their actual mortality experience has proven better than what was anticipated, the "pay-as-you-go" funding nature of the "H" program has not permitted the payment of dividends. The new plan will allow for the payment of future dividends to "H" policyholders from a reserve established from appropriated funds. The plan also will allow VA to cap the premium rate for policyholders with term insurance, as is done in the parent NSLI "V" program. (VA *Intergovernmental Affairs*, December 7, 1998)

THE ABCs OF HEPATITIS

Hepatitis A and B, both viruses that affect the liver, were identified following World War II. Since the 1970s, doctors had been aware of a virus that was neither A nor B, but it was not until 1989 that hepatitis C was identified. Other viruses have been identified more recently.

HEPATITIS A Transmission - Contact with something, usually food or water, contaminated by the feces of an infected person. **Symptoms** - Flu like symptoms such as fatigue, abdominal pain, loss of appetite, nausea, diarrhea, dark urine, and jaundice (yellowing of the skin and eyes). But some infected people have no symptoms. **Treatment** - Bed rest and increased intake of fluids. Infections can be prevented if immune globulin, which is a preparation of antibodies, is given within two weeks of exposure to the virus. Vaccines are available. Up to 200,000 new infections per year.

HEPATITIS B Transmission - Direct contact with infected blood or bodily fluids, such as from sharing drug needles or having sex with an infected person. Babies can be infected by their mothers during birth. **Symptoms** - Jaundice, fatigue, abdominal and joint pain, loss of appetite, nausea, and vomiting. Can lead to cirrhosis of the liver and liver cancer, however most people infected with the virus do not develop chronic infection. Some people never develop symptoms. **Treatment** - The drug interferon reduces the chance of a return of the disease and can be effective in about 30 percent to 40 percent of patients. A vaccine has been available since the early 1980s. Between 150,000 and 300,000 new infections per year.

HEPATITIS C Transmission - Shared drug needles, sexual contact and blood transfusions prior to 1992. Babies can get the disease from their mothers during birth. **Symptoms** - Most people never experience acute symptoms such as fatigue, abdominal pain, loss of appetite, jaundice, nausea, and vomiting. Can cause chronic liver damage, cirrhosis of the liver, and liver cancer. **Treatment** - Interferon. When that is not effective, doctors try Rebetron, a combination of drugs made up of interferon and ribavirin. There is no vaccine. Between 28,000 and 180,000 new infections per year.

HEPATITIS D Transmission - Intravenous drug use, sex with an infected partner, and from mother to baby. But it can only be contracted by people who also are infected with hepatitis B. **Symptoms** - Jaundice, fatigue, abdominal and joint pain, loss of appetite, nausea, and vomiting. Produces chronic liver-damage symptoms that are similar to hepatitis B only more severe. **Treatment** - Interferon is used for some people. The vaccine for hepatitis B is effective in stopping the transmission of hepatitis D, too, but only in people who are not already infected with hepatitis B. About 5,000 new infections per year.

HEPATITIS E Transmission - Contaminated water from the feces of infected humans. It is not commonly contracted in the U.S. **Symptoms** - Inflammation of the liver leading to loss of appetite, nausea and vomiting, fever, fatigue, and abdominal pain. Many people who contract it have no symptoms. **Treatment** - No vaccine. Doctors encourage bed rest and drinking extra fluids. Few U.S. cases on new infections per year. (Compiled by Stacey Schultz, Sources: *The Centers for Disease Control and Prevention, the American Liver Foundation, and the Food and Drug Administration*)

VETERANS HOSPITALS REGAIN MONEY

After months of prodding by Hudson Valley members of Congress, the Veterans Administration has reversed itself and returned \$20 million to its New York-New Jersey regional VA hospitals. "This is a great day for our veterans," said Rep. Sue Kelly, R-Katonah, of the VA's decision this week. "We didn't want that money to get taken away in the first place, and we've worked very hard to get it returned," said Wendy Darwell, a spokesman for Rep. Maurice Hinchey, D-Saugerties. "This money will be going directly to patient care," Washington-based VA spokesman Ozzie Garza promised Thursday. Since March, Hudson Valley and New Jersey members of Congress have been demanding answers from VA officials on why \$20 million budgeted for their region's VA facilities ended up unused and returned to Washington by regional VA director James Farsetta - despite what were already significant budget cuts in 1997 to local veterans' hospitals. New York and New Jersey regional VA hospitals were at that time already dealing with \$140 million in budget cuts over 1996 and 1997 because of shifts to VA operations elsewhere. And they were preparing for another \$80 million in losses set for fiscal year 1998. But what really angered lawmakers was that the \$20 million was returned at a time the VA's own Office of Medical Inspector was finding serious shortcomings. Further outrage was provoked when lawmakers learned that regional director Farsetta received a \$7,000 pay bonus on top of his \$125,900 base pay for his performance last year as a VA manager. VA officials, though, have said his bonus was not a reward for coming up with the \$20 million in savings. Still, the money shift wasn't made public until congressional auditors with the General Accounting Office's Veterans Affairs and Military Health Issues unit were asked by the lawmakers to look into

the region's VA operations. VA officials at the time responded to the GAO's findings. Efforts by Kelly, Hinchey and other Hudson Valley and New Jersey members prompted a congressional committee this summer to include a provision in a 1999 VA spending bill urging the \$20 million be returned "especially when so many health and safety violations were noted." And in documents sent to the lawmakers this week, the VA confirmed it would comply with the request, saying its 1999 budget will be \$926 million "plus \$20 million earmarked by the Congressional Conference Committee." (*Albany Times Union, November 22, 1998*)

BLUE ANGELS SCHEDULE PERFORMANCE AT DOVER

The U.S. Navy Blue Angels announced they have accepted an invitation to perform at Dover Air Force Base, May 15-16, 1999. As a result, the base will hold an open house for the public to coincide with the performance. Titled "A Celebration of Airlift," the free two-day event will feature several events, static displays and additional aerial performances to be named at a later date. For more information on the Blue Angels, check out their web-site: www.blueangels.navy.mil. (*The Airlifter, December 11, 1998*)

UPDATE ON VA ENROLLMENT

The Secretary of Veterans Affairs (VA), in order to make VA healthcare services available to as many veterans as possible, is opening enrollment in Fiscal Year 1999 (October 1, 1998 through September 30, 1999) to ALL veterans. This includes mandatory and discretionary veterans in all enrollment priorities 1 through 7.

Enrollment Categories:

1. Veterans with service-connected conditions rated 50 percent or more.
2. Veterans with service-connected conditions rated at 30 or 40 percent.
3. Veterans who are former POWs; Veterans with service-connected conditions rated 10 or 20 percent; Veterans discharged from active duty for compensable conditions; Veterans enrolled in Vocational Rehabilitation; Veterans that were injured/hospitalized at VA medical facility.
4. Veterans who are receiving aid and attendance or housebound benefits; Veterans who have been determined by VA to be catastrophically disabled.
5. Non-service connected veterans and service-connected veterans rated zero percent whose income and net worth are below the established dollar thresholds.
6. All other eligible veterans who are not required to make copayments for their care including:
 - a. World War I and Mexican Border War veterans
 - b. Veterans receiving care for exposure to toxic substances or environmental hazards while in service.

c. Compensable zero percent service-connected veterans.

7. Non-service connected veterans and noncompensable zero percent service-connected veterans with income and net worth above the statutory threshold and who agree to pay specified copayments.

VA enrollment **DOES NOT** include non-veteran family members. Copayments apply for non-service connected treatment for categories 2 through 7. Call your nearest VA healthcare facility for specific enrollment requirements. (*The Retired Enlisted Association's Legislative Affairs Office, September 18, 1998*)

LAWYERS DOUBT PLAN FOR WAR REDRESS

Lawyers for Japanese Latin Americans imprisoned during World War II said they are concerned the government cannot make good on a promise to pay them \$5,000 each as reparation. A federal claims judge agreed to push back final approval of a settlement agreement from November 17, 1998 to January 7, 1999. That would complete the deal after a trial starts in a related lawsuit that claims the U.S. government shortchanged the redress fund. "We support the settlement, but we want to be sure the money will be there," attorney Robin Taoma said Tuesday. Estimates had indicated there was not enough money to pay the 700 ex-internees who met a filing deadline, let alone an additional 400 people that attorneys want included, said Ayako Hagihara, co-director of Los Angeles-based Campaign for Justice-Redress Now for Japanese Latin Americans. More than 2,200 Latin Americans, most of Japanese ancestry and a majority from Peru, were forcibly brought to the United States during the war. The government has never provided an official explanation for the removals and internments. A 1988 federal law made them ineligible for the \$20,000 redress payments approved for Japanese Americans who also were forcibly interned. But after a two-year legal battle, the government in June agreed to give each of the Japanese Latin American detainees \$5,000 and a presidential apology. A federal suit filed on October 2, 1998, in San Francisco alleges that the government failed to invest the \$1.65 billion in the redress fund and collect interest. "We had estimated that the government's negligence has cost the redress fund at least \$200 million." Hagihara said. (*Honolulu Advertiser, 11/12/98*)

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:

JAN 12	Smyrna American Legion Post 14	653-6454
JAN 14	Oceanview VFW Post 7234	539-9981
JAN 21	Riverdale American Legion Post 28	945-1673
FEB 9	Dover American Legion Post 2	674-3922
FEB 10	Rehoboth VFW Post 7447	227-3469
FEB 11	Oceanview VFW Post 7234	539-9981

FEB 18	Riverdale American Legion Post 28	945-1673
MAR 9	Smyrna American Legion Post 14	653-6454
MAR 11	Oceanview VFW Post 7234	539-9981
MAR 18	Riverdale American Legion Post 28	945-1673

For more information contact:

Clyde Bragg, RN Outreach Health Screening Nurse
 (302) 633-5331 – Outreach Screening Clinic
 (302) 994-2511 – BEEPER 197 – RN
 (302) 633-5500 – Primary Care/Women’s Health Clinic
 (302) 633-5212 – Eligibility/Registration

WORKER SUSPENDED FOR ‘PRIVATE’ E-MAIL

There may be no such thing as private electronic-mail messages in a federal office. A Veterans Affairs Department employee was ordered suspended after sending seven e-mail messages to a colleague that blasted management and other co-workers, according to September 8, 1998, Federal Labor Relations Authority documents. The colleague who received the messages at work printed them out and anonymously mailed them to the officials who were targeted in the e-mail messages. The worker, who was not identified in FLRA’s records, “intended the messages to remain private.” But those messages brought the employee a 14-day suspension. The employee was charged with using government property for personal matters and with making “unfounded, defamatory” statements about co-workers and managers. The agency later mitigated the suspension, cutting it in half to seven days. But an FLRA arbitrator threw out the suspension as too harsh. Instead, the arbitrator advised Veterans Affairs to issue a counseling letter to the worker. Veterans Affairs “had no written or verbal limitation” on personal use of e-mail, the arbitrator found. Also, the arbitrator found that it was a “common practice” for VA employees and management officials to use e-mail for personal matters. The agency also failed to prove that the worker’s messages disrupted office business because of their defamatory language, according to the FLRA ruling. The worker testified that the e-mail messages were composed when she was off-duty. Although Veterans Affairs officials conceded they could not prove when six of the seven e-mails were written, they claimed the worker must have been on duty because off-duty breaks were not permitted at employees’ desks, according to labor relation ruling. (*Federal Times, 12/7/98*)

MILITARY RETIRED PAY –STATE INCOME TAX

STATES THAT EXEMPT MILITARY RETIRED PAY FROM STATE INCOME TAX:

<i>Alabama</i>	<i>Mississippi</i>
<i>Alaska (No state income tax)</i>	<i>Nevada (No state income tax)</i>
<i>Florida (No state income tax)</i>	<i>New Hampshire</i>
<i>Hawaii</i>	<i>New York</i>
<i>Illinois</i>	<i>Pennsylvania</i>
<i>Kansas</i>	<i>South Dakota (No st income tax)</i>
<i>Kentucky</i>	<i>Tennessee</i>
<i>Louisiana</i>	<i>Texas (No state income tax)</i>

<i>Massachusetts</i>	<i>Washington (No st income tax)</i>
<i>Michigan</i>	<i>Wyoming (No state income tax)</i>

STATES THAT EXEMPT SOME RETIRED PAY: (COULD BE MILITARY OR NOT)

<i>Arizona</i>	<i>Missouri</i>
<i>Arkansas</i>	<i>Montana</i>
<i>Colorado</i>	<i>New Jersey</i>
<i>Delaware</i>	<i>North Carolina</i>
<i>District of Columbia</i>	<i>North Dakota</i>
<i>Georgia</i>	<i>Oklahoma</i>
<i>Idaho</i>	<i>Oregon</i>
<i>Indiana</i>	<i>South Carolina</i>
<i>Iowa</i>	<i>Utah</i>
<i>Maryland</i>	<i>West Virginia</i>
<i>Minnesota</i>	<i>Puerto Rico</i>

(Published in the 1998 Retired Military Almanac published by Lt. Col Sol Gordon, USAF-Ret.)

HOUSING REHABILITATION LOAN PROGRAM

How does the program work? The Housing Rehabilitation Loan Program (HRLP) provides three-percent housing rehabilitation loans to qualified owner-occupants and to landlords who rent to low-income persons. HRLP loans can be used to help owners repair heating, electrical, plumbing, roofing and structural problems in addition to other safety and health hazards necessary to bring a property up to the standards of State and local housing codes. The money may also be used to finance the cost of making a unit handicapped-accessible. The HRLP was established in 1985 and is funded through the Delaware State Housing Authority’s Housing Development Fund. Administered by the Housing Authority, the program is designed to encourage preservation of the State’s housing stock.

Did you say 3% interest? Loans through the program, up to maximum of \$35,000 per unit for owner-occupants, are made at a three-percent interest rate for a term of up to 15 years. Owner-occupants may borrow 100 percent of rehabilitation costs, and investors may borrow as much as 100 percent of the rehabilitation cost, up to the maximum loan amount of \$25,000. Closing costs and the application fee may be included in the loan amount. Investors who receive HRLP loans must rent their units to low-income families for a period of 15 years. Although investment properties must maintain a low-income purpose for the entire 15 years, there is no prepayment penalty if the loan is repaid early. Allowable rents on investment units are determined based upon Fair Market Rents set by the federal government.

How do I qualify? Loans are made to investors and low and moderate-income owner-occupants who are credit-worthy. Applicants must be the owners of record for the property. Maximum income limits for owner-occupants and for tenants residing in investor-owned units vary by county and family size.

Is my property eligible? Single-family homes of any size are eligible for assistance up to \$35,000 per unit. Rental

properties of any size are eligible for assistance up to \$25,000 per unit. The HRLP requires that repairs be limited to bringing the property up to State and local housing code standards, or to make the property handicapped-accessible. Mobile homes are eligible, subject to several criteria. The mobile home must have the wheels, axles, and hitch removed and must be affixed to a permanent foundation. HRLP funds may be used to provide a permanent foundation for the unit. Life expectancy of the mobile home must exceed loan term and borrowers must own the land. The mobile home must be the owner's primary residence.

How do I get the money? Apply to one of the following four community development offices: New Castle County, Kent County, Sussex County, and City of Wilmington. Those local jurisdictions process applications and monitor the rehabilitation work. The Housing Authority reviews and approves loan applications. For more information on how to apply for a three-percent loan to repair your property, contact:
New Castle County.....395-5600
Kent County/City of Dover.....736-2014
Sussex County.....855-7777
City of Wilmington.....571-4057
 Or call the *Delaware State Housing Authority* at 577-5001.

**VETERANS' ENTREPRENEURIAL TASK FORCE
 PRESENTS SBA WITH RECOMMENDATIONS FOR
 IMPROVED SERVICES TO VETERANS**

Aida Alvarez, Administrator of the U.S. Small Business Administration (SBA), met with members of the Veterans' Affairs Task Force For Entrepreneurship to receive the group's recommendations for improving the agency's program and service delivery to the veteran-owned small business community. "The SBA has made a strategic commitment to ensure that the doors of economic opportunity and business ownership are open to those who have done so much to make this country strong," Administrator Alvarez said. "Veterans who wish to start or expand their businesses have the full support of SBA. These recommendations will serve as a catalyst for SBA's new veterans' initiative." The task force, which Administrator Alvarez established last July, examined all aspects of the agency's programs, including business development, education and training, financial assistance, government contracting and advocacy, and made recommendations on how these programs can better serve veteran-owned small businesses. Top recommendations from the group include developing a comprehensive outreach program to assist disabled veterans, providing targeted business development training and assistance to veteran-owned businesses, and creating greater access to capital and credit. Administrator Alvarez said the SBA will develop a concrete plan of action and make an announcement of the agency's new veterans' initiatives by early next year. As an additional step in the SBA's efforts to assist veterans, Administrator Alvarez also announced the appointment of two veterans' advocates to

the agency's top advisory boards – the National Advisory Council (NAC) and the Small Business Development Center (SBDC) Program's national advisory board. The new appointments are Richard F. Weidman of Chevy Chase, MD and William D. Elmore, owner of Data Services in Eureka, MO. Mr. Weidman brings 20 years of experience as a successful veterans program administrator, advocate and advisor to the National Advisory Council. His accomplishments include the establishment of the Veterans' Bill of Rights for Employment Services in New York, as well as a case management system, which has been emulated in more than 25 other states. Mr. Weidman managed the second largest employment services program for veterans in the nation. His career has also included work to obtain better quality health care, employment, small business development assistance, housing and other services for veterans. The SBA's National Advisory Council is made up of approximately 130 volunteers who serve as the eyes, ears and voice of the SBA. In addition to monitoring how SBA's policies and programs are impacting small business, NAC also helps to inform the public about SBA programs and services. Mr. Elmore will serve on the SBDC national advisory board for a term of three years, providing advice and counsel on the administration and improvement of SBDC programs nationwide. Mr. Elmore brings experience as both a successful entrepreneur and recognized national veterans' advocate to the board. He was honored as the SBA's Veteran Small Business Advocate of the Year for Missouri in 1984 and is the recipient of the Presidential Certificate for Outstanding Community Achievement of Vietnam Era Veterans. As an experienced businessman, Mr. Elmore developed the national model for the SBA's Veterans Entrepreneur Training Program. Established in 1982, the SBDC national advisory board's mission is to advise the SBA on ways to advance and improve the national and local SBDC programs and operations. The Service Corp of Retired Executives (SCORE), the SBA resource partner that provides counseling services to small business owners, also plans to nominate a veteran to serve as an advisor to the SCORE board of directors. (*Small Business Administration, November 9, 1998*)

ASIAN VETS EXAMINE SCARS OF RACISM

One night in Vietnam, Spec. 4 Lance Luke awoke suddenly at 3 a.m. when he felt a sharp blade of a bayonet pressed against his throat. It was another American soldier. He was white, a sergeant and angry at Luke. "He said, It's so easy to kill you since you're one of them... but that will come later," Luke recalled. It was one of three dangerous scrapes between Luke and the same soldier, who apparently was angered because Luke was Chinese American, and who thought Luke was too friendly with Vietnamese civilians. Chalsa Loo, a clinical research psychologist for the Department of Veterans Affairs, says Luke's experience was an example of what she calls "a rude awakening to racism." Many Asian-American Vietnam

veterans came from multicultural communities and rarely faced overt racism until they went to Vietnam. There they encountered comrades in their own ranks who equated “Asian” with “enemy.” Researchers still are trying to pinpoint the special pressures Asian American veterans faced – and still face – in relation to their experiences in that Asian conflict a generation ago. That lack of understanding is one of the factors behind the first Veterans Affairs study of race-related incidents involving some of the 85,000 Asian-Americans who served during the Vietnam War. Ranging from racial slurs to life-threatening clashes, they left psychological scars with which some veterans are coping nearly 30 years later. “What we’re investigating in this project is whether race-related events can result in post-traumatic stress disorder symptoms,” said Loo, who works at the National Center for Post-Traumatic Stress Disorder in Honolulu. During her work at the center over the years, Loo noticed that a sizable number of Asian American veterans who were suffering from post-traumatic stress disorder symptoms also had experienced race-related incidents. Because other GIs thought they looked like the enemy, Asian Americans were subjected to abuse. “I had to keep my eyes on the VC (Viet Cong) and the rednecks,” one Asian American vet told a counselor during a 1995 interview. “You never knew. I was scared all the time. And I still feel fear today.” Another vet who experienced race-related trauma told a counselor: “I hate God and my parents for making me Japanese.” After she persistently lobbied her superiors, Veterans Affairs two year ago awarded Loo a \$28,000 grant for the Asian American Vietnam Veterans Race-Related Study. Since then, about 158 Asian American vets have been interviewed in Hawaii. San Francisco Veterans Affairs counselor Lily Adams, a Vietnam veteran herself, earlier this year began interviewing Asian American veterans in Northern California as the second phase of the study. She can relate to the racial experiences. “If I walked around the compound in civilian clothes, men assumed I was a Vietnamese whore,” said Adams, a Chinese-Italian American who in 1969 and 1970 was a nurse at the 12th Evac Hospital in Cu Chi. Luke, 47, a retired police officer, is one of the first Northern California veterans Adams interviewed. In the second Vietnam encounter with his tormentor, Luke was in an isolated spot when he felt the muzzle of a rifle poking his back. “He told me he didn’t appreciate me talking with the Vietnamese and that I must be one of the ‘dinks’,” said Luke, the only Asian American in his unit. The final encounter came when the sergeant entered Luke’s hootch south of Da Nang with a bayonet. Luke lunged at him with a bayonet affixed to an M-16. Other soldiers broke up the fight. A sympathetic African American master sergeant told Luke he would take care of the situation. Camp sources later told Luke that his attacker had been taken to a stockade to await transfer back home for a court martial on a variety of charges. At the time, Luke’s unit had a temporary commander, a Japanese American major. His Vietnam racial experiences dog Luke to this day. “I really can’t trust anyone is what it comes down to, especially when something like that

happens to you,” said Luke, who grew up in San Francisco. The race-related problems might have been rooted in the military training of the day. The Vietnamese were dehumanized and demonized. Soldiers were taught not to trust any Vietnamese, even civilians and children. But for some Asian Americans, that kind of training presented them with an unusual dilemma that tore at them. “Some Asian Americans we’ve interviewed, at least in Hawaii, felt it was hard to dehumanize the enemy because of the fact some of the villagers reminded them of their family, of their sisters and brothers,” Loo said. Rod Santos, a Filipino American, vividly remembers his first bayonet drill in basic training. “The dummies they were using for bayonet practice were all drawn up as Asian to depict the North Vietnamese army,” Santos said. “I thought My God, I’m bayoneting myself here.” For Santos, 50, now an associate dean at City College of San Francisco, his interview uncovered hidden emotions about Vietnam. “I never thought that the war bothered me,” Santos said. “Yet, here I was able to recount in detail what everything was about and what was said, even what the weather was like and how I was feeling. I guess in my subconscious it did bother me. It took me two or three days to get back on track.” Loo said the Hawaii portion of the study has found that the Asian American experiences in Vietnam varied widely, from veterans who suffered serious and cumulative trauma, all the way to veterans who experienced none. The initial impressions are that enlisted men in front-line positions were more likely to experience racism and that there were more problems in the Army than in the Marines, Air Force or Navy. One of the study’s goals is to develop a way to measure the effects of race-related stress so Veterans Affairs can provide sufferers with the appropriate services. “We’re hoping that this project can enlighten and educate people not only to what the history was,” Loo said, “but to make sure things like this don’t happen again”. (*Honolulu Advertiser, 11/17/98*)

IMAGES OF WAR HIDE IN MEMORY TO AMBUSH SOLDIERS LATER

Doctors have described chronic, disabling illnesses in seemingly healthy veterans as long ago as the Civil War. Categorized with varying degrees of precision, they went under names such as “soldier’s heart” and “effort syndrome.” By far, the best-known after-action medical problem, however, is “post-traumatic stress disorder.” PTSD was first described in Vietnam veterans, and written into the medical canon in the 1970s. Today, it has grown far beyond its combat roots. Many forms of trauma – civilian and military, natural and man-made – can give rise to PTSD, psychiatrists believe. PTSD causes many symptoms. Some – such as feelings of numbness and isolation, poor sleep and decreased concentration – resemble the complaints mentioned by veterans with “Gulf War Syndrome.” Others, however, are distinctly unlike the Gulf War veterans’ symptoms. PTSD sufferers, for example, have both intrusive memories of

traumatic events, and amnesia for parts of them. The experience nightmares and flashbacks, and often find themselves in a state of inappropriate vigilance and arousal. In all cases, trauma is the key formative event. But the definition of trauma has changed over the years. Originally, it meant exposure to horrifying events or experiences. In psychiatry's official definition, "trauma" means a person must have been threatened with bodily harm or death. Two studies published last year in the American Journal of Psychiatry suggest the United States' recent military operations may force yet another reexamination of what constitutes trauma. In one study, researchers evaluated a group of veterans of the military's mission to Somalia in 1993. They found an 8 percent prevalence of PTSD. That's about the same as in Gulf War veterans. What was unusual about the Somalia veterans was the cause of the disorder. They weren't traumatized by combat, but by its absence. The nerve-racking conditions of peacekeeping, the need to exercise restraint in a country full of armed bands, the shifting rules of engagement – they were the trauma. In the second study, researchers at a veterans hospital in West Haven, Conn., questioned two National Guard units that had participated in the Gulf War. The soldiers answered a questionnaire one month after returning home, and then the same questionnaire five months and two years later. Although only 62 of 240 eligible soldiers completed all three questionnaires, what they said was nevertheless notable. The soldiers were asked whether they had experienced 19 different events, which ranged from "seeing others killed or wounded" to "sitting with the dying" to "being in an aircraft that takes hostile... fire." Between the questionnaire administered at one month and the questionnaire administered at two years, 90 percent of the soldiers changed their answers on at least one item. Nearly two-thirds changed two or more answers. For example, 15 people who originally said they'd never seen "bizarre disfigurement of bodies as a result of wounds" two years later recalled having viewed such horrors during the Gulf War. Conversely, 10 people who originally answered yes to the question of whether they'd experienced "extreme threat to your personal safety" answered no two years later. "That memory for traumatic events frequently changed over time suggests that the search for historical 'truth' may be fraught with complexity," the researchers wrote. "It may make greater psychotherapeutic sense to work with the patient's current version of the past, since the 'real' version may no longer exist." Even though the Gulf War is only eight years gone, and its events were exceedingly well documented, the "historical truth" has been under debate almost since victory was declared. The post-war rumors of possible chemical weapons exposure; the belief in some quarters that the Pentagon covered up wartime hazards or gave soldiers dangerous experimental medicines; the belief that many veterans are seriously ill – all of these may have changed people's recollection of wartime events. Of course, they may also be true. But even if they aren't, their telling and retelling may have turned them into real, traumatic "events" themselves.

Nevertheless, post-traumatic stress disorder – as a formal psychiatric diagnosis – doesn't explain much of what's going on with the participants in the Specialized Care Program. But that is not to say that memories of the war aren't potent ingredients of what the soldiers bring with them to Walter Reed. This was evident late one afternoon when Staff Sgt. Teromee White stayed after the last class to talk about his experiences in the gulf. He was in a quartermaster company in Dhahran, Saudi Arabia. On Feb. 25, 1991, he barely missed being killed when a Scud missile hit a barracks and warehouse. The attack killed 28 soldiers and wounded 98, and was the deadliest event of the war for American troops. Before the missile struck, White was in the barracks. The privates in his squad asked if they could go to a convenience store just off the base. It was a trip of less than half a mile, but somebody above their rank had to drive them in a van. White momentarily considered sending someone else, but then decided to go "to make sure they didn't get into any trouble." It was dark, and the group was just leaving the store when White and his charges heard a huge explosion. There were police sirens, ambulance lights and people running. Soon it became clear the emergency vehicles and the van full of soldiers were headed to the same place. "We came around the corner and there wasn't no more building there," he recalled. "There was a hole in the ground. We saw stuff all over the place. I saw a boot with just a foot in it." The scene was chaotic. White and his men immediately went to work, securing the front gate to the base. He remembers all this well. But his story brings up things he'd forgotten. "The next day we were back in there picking things up, trying to find things that were left and that belonged to people. We were picking up [uniforms] just soaked with blood. Just full of blood." He stands up and holds his arms outstretched, as if he were carrying a bundle away from his body. After a few moments, he lowers his hands and walks over to the window. The room is on the sixth floor and there's a clear view south toward downtown, with the Washington Monument in the distance. His eyes are full of tears. "I really forgot about that," he says. "I hadn't really thought about that." (*The Washington Post*, 11/24/98)

WOMEN VETS LEADER ACKNOWLEDGED

Ask a woman who served in the military to describe herself. She might say she is someone's mother, wife, or daughter; she might say she is a nurse, a cab driver, or a postal worker; she might say she lives in an apartment, a house, or a mobile home. But she is unlikely to say, or even consciously realize, that she also is a veteran. Even women who ought to know better think of veterans as men. According to Joan Furey, head of the VA Center for Women Veterans, outreach efforts to women have had to overcome that psychological barrier. "Women make up about 4.5% of veterans and the same proportion now receive care at VA facilities, but only because the number receiving care has increased 9% since 1992." She

adds that, since women traditionally exceed men as consumers of health care, the number ought to be even higher. "There are women who served in the World War II era who can tell you stories of how they were turned away." It was by no means across the board, but there were providers who felt that women did not 'belong' as patients in VA hospitals. Furey says a major emphasis of the VA has been to improve women's health services with the establishment of clinics for women and the addition of more practitioners with expertise in women's health care. Gender-specific care is now a reality and Furey has played no small role in the change. Gender-specific care is now a reality and Furey has played no small role in the change. A former Army nurse in Vietnam, Furey traveled an upward path at the VA from nursing to an educational role in PTSD and an ultimate national appointment in 1994 as head of women veterans programs. Her leadership role for women veterans was recently acknowledged. A Public Service Achievement Award was bestowed by Common Cause. A National Public Service Award was bestowed by the American Society for Public Administration and the National Academy for Public Administration. Furey's reaction? "I was actually quite surprised that I was given the awards." No one else was. "Her experience, dedication, and understanding of the issues facing women veterans," said Common Cause, "have made Furey an invaluable spokesperson and representative for women in the military, where few existed before." The American Society for Public Administration cited her national expertise in PTSD in women trauma survivors. Furey thinks the awards came about because the VA has come a very long way in efforts to reach the traditionally overlooked population of women veterans. "And I've earned only a little piece of those awards; I accepted them on behalf of the VA staff who have worked over the years for women veterans." Although the VA has come a long way, challenges remain. Psychiatric care is in evolution to be more responsive to the needs of women. Some facilities believe funds for gender-specific clinics might be better spread over the entire patient population and that women can be 'mainstreamed' in generic primary care. But if a provider's patient profile contains only 1% women, will the needs of those women be met? Such issues will become more important in the future. "Twenty percent of new recruits are women," says Furey. "We will see a dramatic change in the demographics and we need to be prepared." She points out that the VA has gone out of its way to serve alienated, undeserved populations such as Vietnam veterans and the homeless. And she is confident they will continue to reach out to other undeserved groups such as women. (*Veterans Health System Journal, October 1998*)

EX-POWs MAY BE ELIGIBLE FOR ADDED BENEFITS

Ex-prisoners of war may be eligible for additional benefits from the Department of Veterans Affairs, based on legislation recently approved by the U.S. Congress, which expanded

entitlements for VA benefits and services. Officials from the Nashville Regional Office, in cooperation with the American Ex-Prisoners of War, Inc., met with former POWs and their surviving spouses at Mountain Home VA Medical Center as part of an outreach program attempting to make those individuals aware of benefits they may be eligible to receive. "Most former POWs aren't aware of law changes which added several illnesses related to their incarceration to the list of problems which would make them eligible for disability benefits," said VA Regional Office spokesman Randell Ammons. "We're trying to reach the POWs who have fallen through the cracks who aren't receiving all the benefits they are entitled to. Many of these people are currently receiving standard medical benefits from their local VA, and others simply chose not to accept even their basic benefits after leaving the armed forces. We just want them to know what's out there for them." Most of the disability benefit illnesses added by recent legislation relate to starvation and stress. More than 1,200 former POWs known to live in the region were contacted to attend a seminar. It was estimated that more than 100 showed up sporadically through the event. Disabilities added to the list included avitaminosis, a vitamin deficiency disease; beriberi, including beriberi heart disease; chronic dysentery; dysthymic disorder or depressive neurosis; helminthiasis, a disease caused by parasitic worms; irritable bowel syndrome; malnutrition, including associated optic atrophy; organic residuals of frostbite; pellagra, a disease associated with a diet deficient in niacin and protein; peptic ulcer disease; peripheral neuropathy; post-traumatic osteoarthritis and anxiety. Being found to have at least one those ailments allows a former POW a minimum 10 percent disability rating, which would allow that individual a monthly payment of \$94 above other veteran benefits. Payments increase as the percentage of disability increases, up to a maximum of \$1,924 for 100 percent disability. Former POWs seeking further information can contact VA regional offices by calling 1-800-827-1000. (*Kingsport (TN) Times-News, 6/18/98*)

FRIENDS IN LOW PLACES

One thing most members of the National Alliance for the Mentally Ill (NAMI) have in common is that they or members of their families have had to deal with mental illness – and it was not the high point of their lives. In fact, explains Dick Hills, Co-Chair of the NAMI Veterans Committee, many members are caregivers whose families have traveled to the lowest tiers of hell and are passionately committed to improving the circumstances of the journey for those who follow. "We don't want our *only* family legacy to be the sequelae of serious mental illness." Members are not 'high powered lobbyists'. Instead, they are consumers who live with decisions made by professionals and policy makers and who discover that their front-line perspective on those decisions sometimes differs. Since 1979, they have successfully

advocated for causes such as equal access to care for the mentally ill (the Parity Bill) and support of the homeless. "Paul Errera was the one who introduced the concept of collaboration in mental health within the VA," says Hills. "He was key to the inclusion of advocates such as VSOs and consumers in the planning process for care." Hills is a Vietnam veteran who has served since 1995 with Errera on the Federal Advisory Committee on the Care of Severely Chronically Mentally Ill Veterans and also on its Consumer Advisor Liaison Council. An example of success of the collaborative process came about because of surveys of family members of VA patients that demonstrated frustration with limited availability of atypical drugs in refractory patients. Yet some VSOs were concerned about over-medication. Through dialogue between VA providers, consumers, and VSOs, judicious availability of atypical drugs for the mentally ill has become a reality. Another example is a push from consumers to more quickly alter protocols for blood monitoring with the drug Clozaril™ from weekly to the newly FDA-approved biweekly schedule. "To the consumer, it's a big deal if you're the one getting stuck every week and making the trip in once a week." "Through discussion," Hills concludes, "providers realize these are important issues. They can see another view where different concerns are clearly more important to the family and patient. Before, we were kept outside. Now, we're working together with VA and it is very exciting." (*Veterans Health System Journal, October 1998*)

VETERANS' EMPLOYMENT AND TRAINING SERVICE (VETS)

Working in partnership with other Federal agencies, State and Local governments, veterans' service organizations, business and community groups to provide the highest possible professional service to Delaware's veterans. Congress created the Veterans' Employment and Training Service (VETS) as an independent agency within the Department of Labor to assist veterans make the transition from military to civilian life, train for and find good jobs, and to protect the employment and re-employment rights of veterans, reservists, and National Guard members. Web page: <http://www.dol.gov>. *U.S. Department of Labor, Veterans Employment and Training Service, 4425 North Market Street, Room 420, Wilmington, DE 19809, (302) 761-8139/8138, Fax (302) 761-6621. David L. White, Jr. (Director), Virginia M. Youst (Program Assistant).*

LAUGHTER, THE BEST MEDICINE

For my birthday this year, my friend bought me a week of private lessons at the local health club. Though still in great shape from when I was on the varsity chess team in high school, I decided it was a good idea to go ahead and try it. I called and made reservations with someone named Tanya, who said she is a 26-year-old aerobics instructor and athletic clothing model. My friend seemed very pleased with how

enthusiastic I was to get started. They suggested I keep an "exercise diary" to chart my progress.

DAY 1 Started the morning at 6 a.m. Tough to get up, but worth it when I arrived at the health club and Tanya was waiting for me. She's something of a goddess, with blonde hair and a dazzling white smile. She showed me the machines and took my pulse after five minutes on the treadmill. She seemed a little alarmed that it was so high, but I think just standing next to her in that outfit of hers added about ten points. Enjoyed watching the aerobics class. Tanya was very encouraging as I did my sit-ups, already aching a little from holding it in the whole time I was talking to her. This is going to be GREAT!

DAY 2 Took a whole pot of coffee to get me out the door, but I made it. Tanya had me lie on my back and push this heavy iron bar up into the air. Then she put weights on it, for heaven's sake! Legs were a little wobbly on the treadmill, but I made it the full mile. Her smile made it all worthwhile. Muscles ALL feel GREAT!

DAY 3 The only way I can brush my teeth is by laying the toothbrush on the counter and moving my mouth back and forth over it. I am certain that I have developed a hernia in both pectorals. Driving was OK as long as I didn't try to steer. I parked on top of a Volkswagen. Tanya was little impatient with me and said my screaming was bothering the other club members. The treadmill hurt my chest so I did the stair monster. Why would anyone invent a machine to simulate an activity rendered obsolete by the invention of elevators? Tanya told me regular exercise would make me live longer. I can't imagine anything worse.

DAY 4 Tanya was waiting for me with her vampire teeth in full snarl. I can't help it if I was half an hour late; it took me that long just to tie my shoes. She wanted me to lift dumbbells. Not a chance, Tanya. The word "dumb" must be there for a reason. I hid in the men's room until she sent Lars looking for me. As punishment, she made me try the rowing machine. It sank.

DAY 5 I hate Tanya more than any human being has ever hated any other human being in the history of the world. If there was any part of my body not in extreme pain, I would hit her with it. She thought it would be a good idea to work on my triceps. Well, I have news for you, Tanya --I don't have triceps. And if you don't want dents in the floor, don't hand me any barbells. I refuse to accept responsibility for the damage: YOU went to sadist school. YOU are to blame. The treadmill flung me back into a science teacher, which hurt like crazy. Why couldn't it have been someone softer, like a music teacher or social studies?

DAY 6 Got Tanya's message on my answering machine, wondering where I am. I lacked the strength to use the TV remote, so I watched eleven straight hours of Weather Channel.

DAY 7 Well, that's the week. Thank goodness it's over. Maybe next time my friend will give me something a little

more fun, like a gift certificate for a root canal. (*ROTARY RIG, Casper Rotary Club, October 5, 1998*)

MILITARY LOOKS TO MARINES AS EXAMPLE IN HANDLING FUNERALS

Speaking to a conference last week on the issue of military funerals, Hershel W. Gober, deputy secretary of the Department of Veterans Affairs, made reference to "Saving Private Ryan," the popular movie released this summer that focused attention on World War II veterans and the sacrifices they made. "It's going to be our job to bury Private Ryan," Gober said. "They're the ones who saved the world for us." The round-table conference, held at the National Guard Association Building in Northwest Washington, is part of the effort to address a growing crisis surrounding military funerals. The question is "how we honor a generation that has uniquely served our nation," said Undersecretary of Defense Rudy de Leon, who chaired the conference. The increasing death rates among veterans of World War II and other wars, together with post-Cold War defense cuts that have trimmed the size of the forces and closed many installations, have strained the ability of the military services to provide honor details to many of the funerals. In 1997, about 537,000 veterans died, an increase of 18 percent over 1989. During that same period, the size of the active-duty military force decreased by one-third. Pentagon officials presented figures indicating that one in four funerals in which military honors are requested for veterans are performed in a manner that disappoints family members. Participants in the November 17, 1998, conference included representatives from Defense and Veterans Affairs, all the military services, more than a dozen veteran service organizations and military coalitions, the funeral industry, Arlington National Cemetery and the Military District of Washington. "The ability to solve this problem really rests with the people at this table," deLeon said. The Marine Corps' approach to handling military funerals drew much favorable comment at the conference. In December, Gen. Charles C. Krulak, commandant of the Marine Corps, sent out a "white letter" to commanders across the Corps, stating in very clear and direct language that it is the duty of every Marine installation to support funerals. "If your unit cannot provide a detail, find one that will," Krulak wrote. "I think the Marines have shown we can do it," de Leon said. Congress has directed the Department of Defense and the Department of Veterans Affairs to report to Congress by March with recommendations on handling the issue. Conference participants discussed setting minimum requirements for a military funeral, among them that a flag be draped over the coffin, that the flag be properly folded and presented to family members and the "Taps" be performed in a professional manner. There also was discussion of pooling the resources of the military services to provide funeral support in out-of-the-way locations and of making more use of reserve and ROTC units. "It's very important to work out a service that meets the

requirement of dignity," said Sen. Paul S. Sarbanes (D-Md). (*The Washington Post, 11/26/98*)

ATTENTION ALL SUSSEX COUNTY VETERANS

The Delaware Commission of Veterans Affairs located in Dover will provide information and assistance in submitting all types of claims for veterans and their families residing in Sussex County, DE. Mr. Harry J. Sanchez, an accredited State Veterans Service Officer, will be available at the Pyle State Service Center located in Roxanna, DE. You may visit with Harry on the last Monday of each month between the hours of 10:00 am and 2:00pm. *For further information, and/or an appointment you may call toll free at 1-800-344-9900 anytime.*

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.

MERCHANT MARINE BONUS

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.

OUTREACH SERVICES

American Legion

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

*JAN 6	Laurel, Post 19	875-9948
	Seaford, Post 6	
JAN 13	Dover, Post 2	674-3922
JAN 23	Oak Orchard/Riverdale	945-1673
	Post 28	
*FEB 3	Laurel, Post 19	875-9948
	Seaford, Post 6	
FEB 10	Dover, Post 2	674-3922
FEB 17	Oak Orchard/Riverdale	945-1673
	Post 28	

Veterans from the Laurel/Seaford area will be seen at Laurel, Post 19.

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 Justus (Joe) Kehne, Department Service Officers (DAV), Kent County (302) 697-9061 or (302) 697-3335, Sussex County (302) 644-2477 or Fax (302) 644-9445.

Every Wednesday: DAV Headquarters Building
(Kent) 183 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

Thursday afternoon Lewes Senior Center

(By appointment only)

Monday thru Fridays (302) 644-2477 by appointment
FAX (302) 644-9445

Retired Navy Activities Affairs Office

Naval & Marine Corps Reserve Center, 3920 Kirkwood Hwy, Wilmington, DE 19808-5194, (302) 998-8767.

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.

1 ST Thursday	Dover Armory (741-7516)	8:00-11:00 AM
	Milford VFW (422-4412)	1:30-4:00 PM
2 nd Thursday	Dover Armory (741-7516)	8:00-11:00 AM
	Milton VFW (684-4975)	1:30-4:00 PM
3 rd Thursday	Dover Armory (741-7516)	8:00-11:00 AM
	Rehoboth VFW (227-3469)	1:30-4:00 PM
4 th 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

VETERANS ADMINISTRATION

Claims, Benefits, Veterans Services
(Regional Office).....1-800-827-1000
VA Hospital Scheduling.....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
AMVETS.....994-2511 (ext 4366)
Disabled American Veterans.....633-5324
Paralyzed Veterans of America.....633-5325
Veterans of Foreign Wars.....633-5326
Veterans of World War I.....998-9744
Vietnam Veterans of America.....633-5357

EMPLOYMENT SERVICES

Roger Pleus (Wilmington).....302-761-8096
Desiree Young (Newark).....302-453-4350 ext. 218
Mike Wolanski (VA Regional Office, Elsmere).302-633-5492
Jim Wilson (Dover).....302-739-5473
Charlene Robinson (Dover AFB).....302-677-6942
Allan Hopkins (Dover).....302-739-5473
John Lapps (Georgetown).....302-856-5230
Bob Dotterer (Georgetown).....302-856-5230

**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

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Marine Corps League

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MAIL TO: **DELAWARE COMMISSION OF VETERANS AFFAIRS**
 25 THE GREEN – OLD STATE HOUSE
 DOVER, DE 19901

- 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
25 The Green - Old State House
Dover, DE 19901
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

STATE OF DELAWARE

"Serving Delaware's Veterans"

Delaware Commission of Veterans Affairs

25 The Green - Old State House
Dover, Delaware 19901

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