

THE CENTURION

DELAWARE COMMISSION OF VETERANS AFFAIRS
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NEW LOCATION FOR THE COMMISSION

We've moved! The Delaware Commission of Veterans Affairs has relocated to the Robbins Building, 802 Silver Lake Blvd, Suite 100, Dover, DE. Hours of operation are Monday – Friday, 8:00 a.m. to 4:30 p.m. For detailed directions, see map on page 10.

VA MEDICAL CENTER OFFERS FREE HEALTH SCREENING FOR VETERANS

The Wilmington VA Medical & Regional Office Center staff will be in Dover on Tuesday, February 29, 2000, from 9:00 a.m. to 4:00 p.m. to provide free health screenings to veterans. Veterans can report to the Delaware Commission of Veterans Affairs, located in the Silver Lake Office Plaza, Robbins Building, 802 Silver Lake Blvd, Suite 100, to receive free testing for high blood pressure, diabetes, and cholesterol. Information on benefits and health related topics will also be available. No appointments are necessary, but veterans are requested to bring a copy of their military discharge to complete the process. For further information, contact Clyde Bragg at (302) 633-5332 or (800) 461-8262, ext. 5332.

FUNERAL HONORS FOR VETERANS NOW LAW OF THE LAND

With the placing of his signature on the National Defense Authorization Act for Fiscal Year 2000, President Clinton has guaranteed a long practiced custom, providing deceased veterans, including retirees, reservists and National Guardsmen, with funeral honor guards, will remain such, well into the future. With a decreasing military and an aging veterans population, the custom of providing deceased veterans with military funeral honors was becoming more difficult to carry out. Unfortunately, many veterans were receiving no recognition at their burial. In order to address this issue, Congress approved legislation, which stated that veterans are now entitled to military honors at their funerals. Previously, Department of Defense regulations provided for the carrying out of military funeral honors, if resources were available. Now, Congress has mandated that beginning January 1, 2000, at a minimum, an honor detail consisting of two members of the Armed Forces (including one member of the deceased veteran's branch of the Armed Forces) to present a flag and play taps (a high-quality audio tape is permitted). Only the Secretary of Defense will have the authority to waive a burial detail, not the local commander. If a veteran's survivor is having difficulty planning for an honor detail after January 1, 2000 they should contact their member of Congress. (*The Retired Enlisted Association, October 12, 1999*)

THOUGHT FOR THE QUARTER

Before finding fault with another person, stop and count ten - of your own.

US ARMY LOOKING FOR FAMILY MEMBERS

Based on negotiations between the U.S. and North Korean governments, the Department of Defense has been permitted to send joint field investigation and excavation teams into North Korea to try to account for our missing service members. To facilitate identification of the soldiers' remains when they are returned, the Army must locate the families of more than 6,000 soldiers. Once family members are located, the Army keeps them informed of developments in the accounting effort. Current information on file is limited and dated. For more than 40 years, the U.S. Army has had little or no contact with many of the families of these soldiers. The Army is seeking information such as the name, relationship, address, and telephone number of surviving family members. In some cases, DNA information may be required to confirm an identification by matching the DNA sequence of a maternal relative to the sequence obtained from the soldier's remains. Attempts are being made to establish a DNA database for the unaccounted for soldiers by obtaining mitochondrial (mtDNA) family reference samples from eligible maternal relatives. Eligible donors include, for example, the soldier's mother, the soldier's mother's siblings, the soldier's siblings, and the soldier's sister's children. The blood samples are kept on file at the Armed Forces DNA Identification Laboratory (AFDIL) in Maryland in the event the mtDNA information is needed. The cost of obtaining the blood sample and mailing it to AFDIL is fully reimbursable by the U.S. Army. If you are a family member of such a soldier, or you know of someone who is, please contact the Army Repatriation and Family Affairs Division at 1-800-892-2490. Family members of unaccounted for members of other services should use the following telephone numbers:

<u>Navy</u>	<u>1-800-443-9298</u>
<u>Air Force</u>	<u>1-800-531-5501</u>
<u>Marine Corps</u>	<u>1-800-847-1597</u>
<u>State Department</u>	<u>1-202-647-6769</u>

(Repatriation and Family Affairs Division, Department of the The Uniformed Services Employment and Reemployment Rights Act of 1994 has been amended to protect the rights of reservists returning from active duty to government jobs. Although few Guard and Reserve members have expressed a concern, DoD's increased reliance on the reserve components spurred the Office of Personnel Management to issue regulations concerning the laws application to federal civilians. The protections also apply for reservists employed by state and local governments and by private employers. There are few incidences where a reservist would not be entitled to return to a position of employment. Those incidences would include people who fail to give advance notice to employers that they've been called to active duty, those who exceed five years' cumulative active duty time or who failed to report back in time, and those who are discharged under less than honorable conditions. About 5 percent of the Ready Reserve – 73,000 people – hold federal civilian jobs. They may volunteer or be called up individually or with a unit, but still receive the same protections. Another agency, the National Committee for Employer Support of Guard and Reserve, protects their rights, too, as well as the rights and concerns of employers. The committee uses ombudsmen in the field (at least one in every state) who act as

Army, November 1999)

SOCIAL SECURITY NEWS: WIDOW(ER) BENEFITS

Twice a widow or widower? Higher Social Security benefits could be in your future. While visiting a local senior adult center, a 70-year-old woman told me she had been widowed twice – once at age 48 and 18 years later at age 66. When her second husband died, Social Security automatically converted her spouse's benefits to widow's benefits based on his record. I asked her permission to check her file to determine whether she could be receiving a higher benefit on her first husband's record. Sure enough, because her first husband had a higher earning record, we advised her to file a new claim. As a result, her benefits were immediately increased. When a spouse dies, Social Security's practice is to automatically convert the spouse's benefit to a widow (or widower) benefit based on the deceased spouse's record. The conversion letter suggests the person should contact Social Security if she or he had been a widow or widower from a previous marriage. In some cases, the surviving spouse may be eligible for a higher benefit based on the previous spouse's record. Unfortunately, some people who may be eligible for the higher benefit do not contact us. Some divorced women and men also may be eligible for benefits based on a deceased ex-spouse's record if the marriage had lasted at least 10 years. In some cases, these divorced individuals may not know they could be eligible for higher benefits. And, we may not be aware of their eligibility unless they contact us. Information about survivors benefits is available by contacting a local Social Security office, calling the Social Security toll-free number, 1-800-772-1213 and by visiting this website: www.ssa.gov. (By Doug Nguyen, Social Security Administration, Chicago – Veterans' Voice)

RULES ADAPTED TO PROTECT RESERVISTS' GOVERNMENT JOBS

mediators between reserve component members and their employers and who explain to them the roles and responsibilities of each. Employers concerned about a reserve component member being gone too long or too often also can directly communicate with unit commanders. Before going on active duty, reserve component employees should notify their civilian employers, preferably in writing, except when to do so would hamper military security or delay the employee from reporting to duty. While reservists are away from their normal jobs, their entitlements continue as if they were there. Benefits that are provided to all employees should continue to be provided to absent reservists. If the reservists are in positions that would automatically be upgraded during their absence, they should receive the upgrades. Pension and health benefits attached to the position as a normal course of the way the employers do business should stay in place. Administration of the new rules will be applied uniformly across federal departments, although there could be some nuances depending on the reservists' branch of service and the department's human resources policies. Reservists can find out exactly what's required of them through their units and employers and by accessing the Department of Labor "tickler file" that contains questions and answers for both reservists

and employers. The file is on the Internet at <http://www.dol.gov/elaws/userra0.htm>. (*Veterans Benefits News – VFW, September 17, 1999*)

LUMP SUM PURCHASE OF VETERANS BENEFITS

It has come to the attention of VA's Compensation and Pension Service that certain private companies are advertising on the Internet, offering to buy the right to receive a veteran's monthly benefit payments in exchange for a lump sum payment to the veteran. As a reminder, under 38 USC § 5301, Department of Veterans Affairs benefits are not assignable under such contracts. Therefore, VA may not pay benefits to third parties (including these private companies) under such contracts. If you have any questions about this issue, contact Bill Russo of Policy and Regulations at (202) 273-7210. (*Idaho State Veterans Services Bulletin, December 1999*)

COMMISSARIES PHASE IN 1% PRICE HIKE

Commissaries will adjust prices on grocery department items to recover total cost of products. This was phased in from July 1 through Oct. 1, 1999. The Defense Commissary Agency (DeCA) provided this list of questions (and answers) that commissary customers have been asking.

Why is DeCA changing prices now? We have to recover our resale operating losses. DeCA accumulates about \$50 million a year in operating losses. DoD policy has always required the commissary to recover operating losses from the customer, as with any business. In the past, this recovery was not necessary because of sufficient stock fund cash levels in DoD. In 1993, defense cash fund levels were reduced to support weapon modernization. Today's commissary cash stock fund is not large enough to absorb losses.

What are you doing to reduce the impact on commissary shoppers? It's our everyday job to pursue best prices from our suppliers, so we can pass on the best savings possible to our customers.

How will DeCA recover its losses? DeCA has always recovered total product costs when we price items in our meat and produce departments. We phased in total cost recovery for grocery department items, starting July 1 and becoming fully effective Oct. 1, 1999, by adding 1 percent to the price of the items. Cost recovery is consistent with the commissary mission to sell grocery items at cost to support military quality of life.

How do commissary losses compare to civilian supermarket losses? Very favorably. Our losses run about half of the average for civilian supermarkets. All supermarket stores suffer inventory losses due to factors such as accounting errors, theft, damage or spoilage. The small fraction of losses not collectible is known as "shrink." Commercial industry standards for shrink averaged 2.08% over the last five years ending 1997, as reported by the National Supermarket Research Group. DeCA has averaged 0.96% over the three fiscal years ending 1998, a performance attributable to our shrink awareness program, pricing and accounting automation and other business process improvements.

Why can't you pay for this with the commissary appropriation and minimize impact on the shopper? The law directs us to establish selling prices for commissary items that recover the total product costs, including losses. Commissary items are purchased from a revolving stock fund which is replenished when the items are sold, separate from the appropriation.

Is this an increase in the surcharge? No, it's pricing items at the shelf to recover total cost of products, just as commercial supermarkets do.

I can get a lot of things cheaper downtown. With this happening, why should I keep shopping at the commissary? You will continue to save money! Your overall grocery savings will be higher if you regularly shop at your commissary. Downtown retailers can sell certain items at or below their cost to get your attention, but they make up the difference on other items and profit by charging you higher prices throughout their stores. DeCA doesn't make a profit. When you shop your commissary, you're getting the best overall prices. (*Army Echoes, Issue 2, 1999*)

HOW TO APPLY FOR AN ID CARD BY MAIL

If you need a new ID card, but can't get to the ID card issuing facility because you live far from a military facility; are physically handicapped; have no means of transportation; or are hospitalized or sick; you can request an ID card by mail from the nearest military installation. All military installations that have ID card issuing facilities are located on the internet at <http://www.dmdc.osd.mil/rs/>. If you don't have access to the internet, check the government section of your phone book or call the Retirement Services Officer for your area. If you're not enrolled in the Defense Enrollment Eligibility Reporting System (DEERS), you can call the nearest military installation to see what documents they need to process your application. Any documentation required to enroll a person in DEERS such as a marriage certificate, birth certificate or Social Security card must be an original or a certified true copy. If you're enrolled in DEERS and need to renew your ID card, you will need an 8" x 10" portrait-type photograph (head and shoulders) when you send in your application. This photograph must be notarized on the back. You can call or write the ID Card Facility to ask for an ID card application. The facility will notify you of eligibility and enrollment for DEERS. When you write, you should include a written description of physical characteristics (i.e., height, weight, color of hair, color of eyes) so that the facility can include it on the application they send you. They will send a DD Form 1172, Application for Uniformed Services Identification Card DEERS Enrollment, with instructions for obtaining an ID Card. Follow all instructions and mail the DD Form 1172 and photograph back to the ID Card Facility. The facility will send the ID card back for your signature. You then mail the card back to the facility. The facility will laminate and send the completed ID card back to you by certified mail. They will also return the original photograph and any original source documents. (*Army Echoes, Issue 2, 1999*)

NAVY LOG ENROLLMENTS SOUGHT FOR NAVAL SERVICE VETERANS

The U.S. Navy Memorial in Washington, DC, is encouraging naval service personnel – Navy, Coast Guard, Marines, and Merchant marine, active service or veterans – to get themselves enrolled in the Navy Log. “Enroll in the century in which you served,” urges Rear Admiral Hank McKinney, president of the Navy Memorial Foundation. The log has thus far collected names and service information of 238,000 present and former naval personnel. Most of the names are of living persons – self-enrolled or by gift tributes from friends or families – but a large number are of deceased veterans enrolled in the log by their descendants or by surviving shipmates. All enrollments form a part of America’s enduring naval heritage, a permanent and publicly accessible video register available for viewing at the Naval Heritage Center next to the Memorial on Pennsylvania Avenue, midway between the White House and the Capitol, or on the Memorial’s Internet web site, www.lonesailor.org. Each Log entry contains the entrant’s name, date and place of birth, dates and branch of naval service, highest rate or rank attained, up to five top medals and awards and five duty stations. Log enrollments help support the Memorial’s values-based educational programs, which honor, preserve and celebrate America’s enduring naval heritage. Navy, Marine Corps, Coast Guard or Merchant Marine – active service or veteran – desiring to enroll should send his or her name, date and place of birth, dates of naval service, highest rate or rank, up to five awards received and five duty stations served – accompanied by a \$25 tax-deductible enrollment donation to:

Navy Log
Dept. Y2000
PO Box 96570
Washington, DC 20077-7685

A head-and-shoulders portrait photo may be added for an additional \$25 (photos cannot be returned). Enrollments make welcome gifts to veterans. Sponsored enrollments are also sought from relatives of deceased naval veterans. The Navy Memorial Foundation is a non-profit, tax-exempt organization that receives no government support for building and operating the Navy Memorial and adjoining Naval Heritage Center. (*Idaho State Veterans Services Bulletin, December 1999*)

NEW NAME FOR SPACE-A COMMERCIAL CHARTER

Don’t be puzzled when you’re poring over schedules looking for free space-available military flights and run across the term “Patriot Express.” That’s Air Mobility Command’s (AMC) new name for its commercial charter flights. “We felt ‘Cat B’ gave military travelers the feeling they were receiving a lower standard of service,” said CPT Charlene Purtee, chief of AMC passenger commercial services. “These flights have never been what you would consider ‘second class.’ We’re trying to make more people aware that ‘Patriot Express’ is a cost-effective and convenient way to travel.” AMC contracts charters with commercial carriers because it’s an economical, efficient way of moving large numbers of personnel, Purtee said. Contracting also frees Air Force planes for primary military missions. Charter seats not filled by official fliers are assigned free to space-available travelers, who include active and reserve component members on leave, retirees and academy cadets. From the travelers’ standpoint, the charters

eliminate the hardships incurred when higher priority missions divert military aircraft, she said. Personnel also can plan moves and leisure travel months ahead because flight schedules are set well in advance. “We contract with established carriers and are confident we will be on time for the majority of our flights,” Purtee noted. Besides scheduling benefits, Patriot Express flights have the usual amenities travelers expect – and some they might not. “The flights are at least equal to the commercial economy class and, in some cases, a bit better,” she said. For instance, travelers on some flights can expect hot towels, free movies and headsets, and more leg room than found on most commercial airlines, she noted. “Also, we are able to transport more pets than normally accommodated on commercial routes.” Patriot Express flights currently leave out of Seattle-Tacoma International, Los Angeles International, Baltimore-Washington International, Atlanta Hartsfield International and Charleston (S.C.) International. Visit the Air Mobility Command web site <http://public.scott.af.mil/hqamc/> or call the nearest military air field or the military section of one of the airports listed above for details. (*Army Echoes, Issue 2, 1999*)

VA RECOGNIZES NON-RVN AGENT ORANGE CLAIM

In an Aug. 20 article, the *Dallas Morning News* reported that the VA had awarded service connection for the cause of death of a veteran who was exposed to Agent Orange, not in Vietnam, but in Panama. Although there is a presumption of exposure to Agent Orange for vets with service in Vietnam, other veterans or survivors must prove the exposure. The surviving spouse, represented by VVA, was successful in part because she was able to present as a witness Charles M. Bartlett, the former operations officer for herbicide research at the Army biological research and development laboratory at Ft. Detrick, Maryland. He testified that several hundred drums of Agent Orange were shipped to Panama for tests in the late 1960s. In apparently the first case of its kind, the VA accepted that the vet was exposed to Agent Orange and agreed that his exposure led to his death in 1997 from non-Hodgkins lymphoma. Service reps pursuing similar claims of vets with service in Panama should contact the VVA Veterans Benefits Program to coordinate use of Bartlett’s testimony. *The Stars and Stripes* reported in its Aug. 30 issue that it had obtained documents that the Army used Agent Orange-related herbicides at Ft. Drum, New York, from the spring of 1959 through the 1970s. This may enable vets or their survivors to argue that they were exposed, too. If illnesses listed in 38 C.F.R. § 3.309(d) were involved, these claims should be granted. (*VVA Veterans Benefits News, July-August 1999*)

OBTAINING PRESCRIPTION MEDICATIONS FROM THE VA

Many veterans who are taking medications prescribed by their private physicians would like to obtain the medication through the VA. **This is possible only if you are under the care of a VA doctor for the condition that requires the drug.** Your VA provider will need to see you at certain intervals to monitor your condition and the effects of the medication. If any blood tests are needed, it is best to have them done at a VA lab so the doctor or nurse practitioner can obtain the

results as soon as possible. The VA pharmacy may not always carry the exact *brand* of medication prescribed by your private provider, but it will provide you with a medication of the same *class* that is just as effective. (VA Stars & Stripes Healthcare Network, *The Veterans' Review – Pennsylvania, 3d Quarter, 1999*)

NEW CENTER TO PROMOTE QUALITY VA CARE FOR HIV

The Department of Veterans Affairs (VA) is launching a new Center for Quality Management in HIV Care, a national working laboratory in Palo Alto, California, designed to promote innovation and improvement in the care of patients infected with the human immunodeficiency virus, which causes AIDS. Newly named as director of the VA center is Dr. Sophia Chang, former director of the HIV/AIDS program for the Henry J. Kaiser Family Foundation. Dr. Chang has been in the forefront of national initiatives involving HIV management. She previously was director of AIDS Health Services for the San Francisco Department of Public Health, and immediately prior to the Kaiser Foundation post had served as medical director of the managed care plan for Medicaid recipients, the San Francisco Health Plan. “Our hope is that the Center for Quality Management in HIV Care will catalyze innovation, using data from VA’s treatment experience and outcome measures to help better manage patients and improve systems of care.” said VA’s Acting Under Secretary for Health, Dr. Thomas L. Garthwaite. “With Dr. Chang’s leadership and her experience with health services research, we expect to disseminate new information so VA will continue to be a leader in setting the rapidly changing clinical standards for HIV care in the United States.” In part, the center will use the VA’s HIV registry to assess and improve clinical care provided to HIV patients around the country. The HIV registry is the largest database of its kind in the world. VA maintains HIV patient anonymity while tracking utilization of medical services, including pharmaceuticals, as well as patient outcomes. VA is the largest single provider of HIV services in the country, having served more than 17,000 persons with HIV in 1998 alone. The new national center in Palo Alto reports to VA’s AIDS Service in Washington, D.C., headed by Dr. Lawrence Deyton. It will facilitate communication between VA headquarters and field staff involved in providing care, ranging from facilities’ AIDS coordinators to pharmacy benefits managers. Also, it is expected to involve private industry in assessing effectiveness of new technologies, such as drug therapies, diagnostic tests or information systems. The center has both full-time and collateral duty staff members, including two physicians, a pharmacist, two nurse quality managers and additional personnel in health services research, data analysis and administrative support. The Palo Alto location was chosen in part with an expectation that the center will collaborate with university, government, and community groups, such as the Stanford University-VA HIV Integrated Program, the University of California at San Francisco and community advocacy organizations. (*Department of Veterans Affairs, Office of Media Relations, October 26, 1999*)

VA CREATES NEW HEPATITIS C WEBSITE

Hepatitis C, often called the “Veterans Epidemic,” continues to get special emphasis from the VA. The illness has gained such notoriety that it even has its own VA website: www.vahepatitisc.com. If ever there was anything you wanted to know about this viral infection, this is the place to go to find out. On this website, you can learn about the epidemiology of the disease, find out what laboratories can determine (and how), read about liver transplants, and get answers to frequently asked questions about transplants. There is also information about treatment of HCV, the side effects, and risk factors. There are also links to other HCV resource sites: ten for patients, seven for physicians, and an additional nine which are HCV sites. If HCV is part of your life due to your illness or that of a loved one, this starting point is invaluable. (*The Veterans' Review - Pennsylvania, 3d Quarter, 1999*)

MEDICARE PART A vs. MEDICARE PART B

Medicare is divided into two major plans – Part A and Part B. The government automatically enrolls those turning age 65 in Part A. However, you must request enrollment in Part B to be eligible for benefits. Part A coverage is mainly hospital insurance. It covers inpatient hospital expenses and related care. Part B covers physical and outpatient services. It works much the same way private insurance does, with the insured person being responsible for deductibles and co-payments. What Medicare pays since Medicare began nearly 30 years ago, it has paid hospital and doctor bills for millions of older Americans. However, Medicare was never designed to pay every health care expense for seniors. You pay a deductible for hospital stays and outpatient charges and co-payments for inpatient and outpatient charges. You are also responsible for the difference between your actual medical bills and what Medicare allows for those charges (also known as “excess charges”). Medicare doesn’t cover outpatient prescription drugs, private duty nurse expenses, or private hospital room charges (unless medically necessary). Vision, dental and hearing medical costs; medical care outside the U.S. and at-home health care are also not covered. Unless you meet strict standards, Medicare doesn’t cover nursing home stays. For Medicare to pay benefits at a Medicare-approved nursing facility, you must enter the home following a hospital stay of at least three days. Nursing home stays longer than 20 days require a co-payment, and Medicare stops paying after you have been in the nursing home for 100 days. Because Medicare leaves you to pay a lot of expenses out of your own pocket, a Medicare supplement insurance plan can be a necessary tool to help cover some of these costs. Choosing a Medicare Supplement When determining your needs for a Medicare Supplement, experts recommend you think about future needs. The majority of your medical costs occur during the last two years of your life. Determine how much you can comfortably afford to spend out of your own pocket without putting your finances in jeopardy. After you have assessed your needs, it’s time to choose a Medicare supplement. In 1992, federal regulations established 10 standard policies, designated by the letters A through J, that are identical from insurance company to insurance company. In nearly all states,

it is illegal for an agent or group to sell any plan other than the standardized A-J Medicare Supplement policies. Even though Medicare Supplement plans have been standardized, there is one important thing that sets Medicare Supplements apart – the rates offered. Rates vary drastically from one Medicare Supplement program to another. One reason that rates can vary so much is because it is cheaper to sell insurance to a group of people instead of to individuals, so a larger group can often provide more attractive rates than an individual can obtain. In addition, insurance programs do not offer the same stability, service and security, all of which are important to a solid program. Consumer advocates encourage Medicare-eligible Americans to compare rates and insurance companies before purchasing a supplement plan. (Texas Veterans Commission Journal, November/December 1999)

RESOURCE ALLOCATION FOR VETERANS' HEALTH CARE

In 1995, the Department of Veterans Affairs (VA) health-care system began to transform itself from a confederation of individual medical centers and clinics focused primarily on inpatient care to a fully integrated system that promotes and expands primary and ambulatory health care. To accomplish this, 22 management hubs, called Veterans Integrated Service Networks (VISNs), were created to administer the patient-centered health-care services VA provides to the nation's 25 million veterans. This transformation, along with the shift in the veterans' population and tighter budgets, called for a new approach in allocating the department's \$17 billion medical care budget. The new funding distribution methodology, the Veterans Equitable Resource Allocation (VERA), corrects historic geographic funding imbalances by allocating funds fairly according to the number of veterans having the highest priority for health care. To minimize impact and aid management of the change, the full shift of resources is being phased in, depending on the VISN, and is expected to be completed in FY 2002. The new funding system replaced VA's Resource Planning and Management system, which had projected workload to determine funding for each VA medical facility. In 1996, VA began to move resource allocation away from facility-specific prices for workload reimbursement to national prices as a first step toward capitated (per-patient) rates. A blended rate was used in 1996, reflecting a combination of local unit prices for care, regional rates, a national unit price, and other factors. Effective April 1, 1997, under VERA, funds allocated to the 22 networks were based on two different types of patients – those with "routine"

§ _____ Treating the greatest number of veterans who have the highest priority for health care, and allocating funds equitably based on the number of veterans having the highest priority;

§ _____ Recognizing the sometimes special health-care needs of veterans;

§ _____ Improving accountability in expenditures for research and education support;

§ _____ Comply with congressional mandates;

§ _____ Creating an understandable resource allocation system that is reasonably predictable; and

§ _____ Aligning resource allocation policies to the best practices in health care.

VERA has produced favorable results in achieving VA's

health-care needs (Basic Care) and those with special, typically long-term, needs that are more expensive (Special Care). For FY 1999, the Basic Care component was divided into two sub-components, each assigned a different price. One category, consisting of single outpatient visits, is funded at the rate of \$66. All other Basic Care has a price of \$2,857. The "Special Care" component of VERA was renamed as "Complex Care" to more accurately reflect the fact that it includes more than VA's traditional "Special Care" patients. The FY 1999 price for Complex Care is \$36,955. Other improvements were made in FY 1999, including refinement of the geographic price adjustment, research support, education support, equipment funding and non-recurring maintenance adjustments. The geographic price adjustment is based on labor costs paid by VA facilities as they compare to a VA national average salary. For FY 1999, the adjustment for labor is based on the most recent four pay periods during FY 1998. This is being used in place of cumulative actual year-end FY 1997 personal services data because it more accurately reflects current staffing levels among the networks. The geographic price index does not include the effect of holiday, standby, and overtime pay, so that the index reflects more truly the network's controllable payroll. In 1997 and 1998, research support was computed by determining each network's portion of VA and non-VA research dollars, based on the previous year's total research dollars. Starting in FY 1999, the workload allocation factor for the distribution of the VERA research support dollars changed from crediting 100 percent of the total amount of the funded research reported by the networks to a revision that rewards VA-administered research. This change credits VA-administered research at 100 percent; non-VA funded, non-VA administered, peer-reviewed research at 75 percent; and other non-VA sponsored research at 25 percent. VA-administered research is encouraged by VERA so that an incentive exists to have VA administer more of the non-VA research dollars. This results in better accountability, and in an increased likelihood that VA will recover indirect costs. The VERA system also accounts for veterans who receive care in more than one network during the year. Seasonal moves by veterans mean higher usage of medical centers in warmer climates during the winter months. Network budgets are adjusted accordingly, base on the historical usage patterns and cost for these veterans. As a result of VERA, veterans will have improved access to care, improved quality of care and a wider spectrum of services available. No veteran currently receiving care will be denied care as a result of VERA's implementation.

The VERA system supports VA's goals of: Independent reviews by the General Accounting Office and PricewaterhouseCoopers LLP have validated the VERA methodology as meeting the intent of Congress as mandated in Public Law 104-204. (Texas Veterans Commission Journal, September/October 1999)

VA ESTABLISHES EFT INFORMATION HOTLINE

The Department of Veterans Affairs (VA) has a new toll-free telephone number for those seeking information about the Department's Direct Deposit/Electronic Funds Transfer (DD/EFT) initiative. By dialing 1-877-838-2778, veterans, dependents and financial institutions can receive information about electronic funds transfer. A DD/EFT phone unit has

been set up at the VA Regional Office here to provide better customer service to those inquiring about this program, or wanting to enroll or change their direct deposit. VA Under Secretary for Benefits Joe Thompson said, "VA is committed to providing the nation's veterans and their families with the very best in customer service. This automated helpline will provide accessible information about this program." The helpline's hours of operation are Monday through Friday, from 7:30 a.m. to 4:00 p.m., Central Standard Time. Veterans and dependents seeking information on all other VA benefits programs can call the department's general toll-free number, 1-800-827-1000, which will connect them to the nearest VA regional office. (Department of Veterans Affairs, Office of Public Affairs, October 25, 1999)

GEORGIA VETERANS ELIGIBLE FOR FREE DRIVERS LICENSE

Veterans who served on active duty or active duty in a reserve component, including the National Guard, during wartime or any conflict when personnel were committed by the President, are probably eligible to receive a free Georgia's driver's license. "More than 69 percent of the 667,100 veterans residing in Georgia served during wartime and the vast majority of them are eligible to receive a free driver's license." Georgia Commissioner of Veterans Affairs Pete Wheeler said. To be eligible for a free license, a veteran must be a current resident when he or she entered military service. A veteran also qualifies if he or she has been a resident for at least five years immediately preceding the day they apply for the license. "You did not have to be assigned to a unit that directly participated in the war or conflict to be eligible for the free license but you must have been discharged or separated under honorable conditions," the Commissioner said. "A veteran could have served during the Vietnam War and spent his or her entire service career in Europe and still be eligible for the free license," Commissioner Wheeler elaborated. A veteran must first present a copy of his or her DD 214 (Certificate of Release of Discharge from Active Duty) to personnel at one of the Department of Veterans Service field offices for review. Personnel in the office will review the DD 214 and issue a Certificate of Eligibility (DPS516) to qualified veterans. The veteran then must take the DD 214 and the certificate of eligibility to any of the state's Department of Public Safety examining offices for any required test and issuance of the free license. Any member or former member of the National Guard or reserve forces who has 20 or more years of creditable service is also eligible for a free license. To obtain the license, the individual needs only to provide a copy of a certificate, orders or other official document establishing their eligibility to personnel at the state examining office. The required documents can be obtained from the State Adjutant General or from the custodian of personnel records of the reserve forces. Commissioner Wheeler encourages veterans who believe they might be eligible for a free driver's license to visit one of the Department's field offices. They are listed in local telephone directories under state government. (Veterans Bulletin, Georgia Department of Veterans Service, July-September 1999)

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 11) 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.

COLD WAR CERTIFICATE: HOW TO OBTAIN

As of April 5, 1999, the long-awaited Cold War Certificate is available by sending a copy of your discharge document to: Cold War Recognition, 4035 Ridge Top Road, Suite 400, Fairfax, VA 22030. FAX (703) 275-6749. Help line: (703) 275-6279. Anyone who served on active duty – including stateside – between September 1945 and December 1991 is eligible for the certificate. (VFW, May 1999)

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 11	Smyrna American Legion Post 14	378-6329
JAN 12	Rehoboth VFW Post 7447	227-3469
JAN 13	Ocean View VFW Post 7234	539-9981
FEB 10	Ocean View VFW Post 7234	539-9981
FEB 16	Dover American Legion Post 2	674-3922
FEB 17	Riverdale American Legion Post 28	945-7314
FEB 29	DE Commission of Veterans Affairs	739-2792
MAR 7	Smyrna American Legion Post 14	378-6329
MAR 8	Rehoboth VFW Post 7447	227-3469
MAR 9	Ocean View VFW Post 7234	539-9981
MAR 16	Riverdale American Legion Post 28	945-7314

For more information contact:

Clyde Bragg, RN Outreach Health Screening Nurse
(302) 633-5332 – Outreach Screening Clinic
(302) 994-2511 – BEEPER 197 – RN
(302) 633-5500 – Primary Care/Women's Health Clinic
(302) 633-5212 – Eligibility/Registration
(302) 633-5519 – Health Care Hotline

COMMISSION MEETINGS

The Delaware Commission of Veterans Affairs meets the fourth Tuesday of each month, 11:00 AM, Robbins Building,

802 Silver Lake Blvd, Suite 100, 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 (in state) or 302-739-2792.

VETERAN SERVICE OFFICER REPRESENTATION

The Delaware Commission of Veterans Affairs Service Officer, Mr. Harry J. Sanchez provides information and assistance in submitting claims concerning education, disability compensation, hospitalization, rehabilitation and pensions. In addition, Mr. Sanchez is also available at the Pyle State Service Center located in Roxanna, DE, the last Monday of each month between the hours of 10:00 AM and 2:00 PM. *For further information, and/or an appointment you may call (302) 739-7447 or toll free at 1-800-344-9900 anytime. When you are prompted, enter 129 to leave a message.* DCVA also represents veterans throughout the State with The Retired Enlisted Association, Military Order of the Purple Heart, and the Marine Corps League.

EMPLOYMENT SERVICES

Roger Pleus (Wilmington).....302-761-8096
 Al Barclift (Wilmington).....302-761-8093
 Desiree Young (Newark).....302-453-4350 ext. 218
 Mike Wolanski (VA Regional Ofc, Elsmere)...302-633-5492
 Steve Flaherty (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

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 12	Dover, Post 2	674-3922
	JAN 20	Oak Orchard/Riverdale Post 28
FEB 2	Laurel, Post 19	875-9948
	Seaford, Post 6	
FEB 9	Dover, Post 2	674-3922
FEB 17	Oak Orchard/Riverdale Post 28	945-1673
MAR 1	Laurel, Post 19	875-9948
	Seaford, Post 6	
MAR 8	Dover, Post 2	674-3922
MAR 16	Oak Orchard/Riverdale Post 28	945-1673

Disabled American Veterans (DAV)

Charles Kashner, Department Service Officer (DAV), Kent and Sussex Counties (302) 697-9061 or (302) 697-3335. Please call Mr. Kashner for times and locations.

American Veterans (AMVETS)

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

Retired Navy Activities Affairs Office

Naval & Marine Corps Reserve Center, 3920 Kirkwood Hwy, Wilmington, DE 19808-5194, (302) 998-3328.

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
5 th Thursday	Dover Armory (741-7516)	8:00-11:00 AM
	Georgetown VFW (856-6098)	1:30-4:00 PM

SERVICE ORGANIZATIONS

American Legion.....302-633-5323
 AMVETS.....302-994-2511 ext. 4366
 Disabled American Veterans.....302-633-5324
 Paralyzed Veterans of America.....302-633-5325
 Veterans of Foreign Wars.....302-633-5326
 Vietnam Veterans of America.....302-633-5357

VETERANS ADMINISTRATION

Claims, Benefits, Veterans Services (Regional Office).....1-800-827-1000
 VA Hospital Scheduling.....1-800-461-8262/302-944-2511
 Veterans Outreach Center (New Castle County).....302-633-5360
 (Kent and Sussex Counties).....302-422-8011

DELAWARE COMMISSION OF VETERANS AFFAIRS

945-1673 Commissioners may be reached by calling (800) 344-9900.

Jim Thompson (Chairman).....Marine Corps League
 Walter Smock (Vice Chairman).....American Veterans
 Bob Barnett.....Jewish War Veterans
 Lee Davis.....DE/MD PVA
 Charles Farrell.....Korean War Veterans
 Charles Kashner.....Disabled American Veterans
 Bob Marcinkowski.....The Retired Officers Association
 Ed Meeds.....Military Order of the Purple Heart
 Gary "Mo" Morris.....American Legion
 Roy Newlin.....Representing WWI
 Ben Pernol.....Veterans of Foreign Wars
 Reese Phillips.....La Societe 40&8
 Tom Schranck.....Delaware Veterans
 Leon Stajkowski.....Fleet Reserve Association
 George Webb.....Vietnam Veterans of America

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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)

NAME/ORGANIZATION _____

STREET _____

CITY _____ STATE _____ ZIP _____ - _____

**MAIL TO: DELAWARE COMMISSION OF VETERANS AFFAIRS
ROBBINS BUILDING
802 SILVER LAKE BLVD, SUITE 100
DOVER, DE 19904**

**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)

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
Robbins Building
802 Silver Lake Blvd, Suite 100
Dover, DE 19904
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 _____

STATE OF DELAWARE

"Serving Delaware's Veterans"

**Delaware Commission of Veterans Affairs
Robbins Building
802 Silver Lake Blvd, Suite 100
Dover, Delaware 19904**

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