

THE CENTURION

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CHAIRMAN'S UPDATE

My Fellow Veterans,

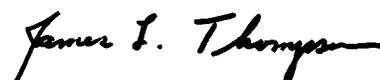
As you know, the Delaware General Assembly has expressed an interest in helping the Veterans Commission obtain a State Veterans Home in Delaware and funded a feasibility study to determine the expected utilization of and the cost to operate a State Home. Phase I of the study showed that veterans would properly utilize a home. We expect that Phase II of the study by the University of Delaware, regarding costs, should be completed in the very near future.

We are very hopeful that both the Governor and the General Assembly will support us in obtaining a home and will make Delaware the 48th State to have a State Veterans Home.

The new year has also brought about changes in the Federal Government, but all indications are that the incoming officials in the VA will support Delaware endeavor to establish its veterans home.

We are confident that the new President and our new Governor will be very receptive to the needs of veterans throughout the United States and Delaware. Veterans did a lot for our Country in past years, let's hope the Country does equally well for them.

Sincerely,



Jim Thompson
Chairman

THOUGHT FOR THE QUARTER

“Education is something you get when your parent(s) send you to college, but it isn’t complete until you send your son or daughter.”

VA’S NEXT SECRETARY

Back in 1992, Anthony J. Principi was a man facing a hornet’s nest. He was then deputy secretary of veterans affairs, and he was about to succeed Secretary Edward J. Derwinski, who was a good friend but who seemed to have done his best to antagonize virtually everyone. Mr. Derwinski had angered Hispanics by referring to illegal immigrants as “wetbacks”. He had insulted women by addressing female members of the staff as “angel”. Perhaps worst of all, he had made enemies of veterans’ organizations by allowing cemeteries for veterans to fall into disrepair and undertaking a pilot program allowing nonveterans to be treated in a small number of his department’s hospitals. “We didn’t think Derwinski had the interests in veteran affairs that he should have,” said Pete Wheeler, who has run the Georgia Veterans Service Department since 1949. “He was not the pin-up boy for the Veterans Administration while he was there.” After one too many missteps, Mr. Derwinski was forced out by President George Bush, and Mr. Principi was named acting secretary of veterans affairs. Rather than being tarred by his association with the ousted boss whose policies he had to implement, Mr. Principi was hailed by veterans’ groups, with which he had worked hard to maintain cordial relations. “There was a big difference between Derwinski and Tony,” said Mack Fleming, former staff director of the House Veterans’ Affairs Committee. “Derwinski would show up at a veterans’ convention and be booed. But Tony, because he had maintained good relations with the veterans’ groups, would be cheered.” Now, as President-elect George W. Bush’s choice for secretary of veterans affairs, Mr. Principi, 56, is approaching much calmer waters than those of eight years ago. Still, he will be heading a department that faces several challenges, mainly in the management of its sprawling health care system. With veterans accounting for an ever-decreasing percentage of the population, and with other health care options like Medicare available to them, fewer and fewer veterans are using VA hospitals. A 1998 report by the General Accounting Office found that 80 percent of the department’s hospital beds “may not be needed over the next 15 years.” Yet closing VA hospitals or allowing their excess capacity to be used by nonveterans is a notion that has been bitterly fought by veterans’ organizations and their powerful allies on Capitol Hill. “There is a concern that the VA not simply be turned into an adjunct of the Medicare system,” said Dennis Cullinan, legislative director of the Veterans of Foreign Wars. Officials of veterans’ organizations and others who have been involved over the years in steering the nation’s policy on veterans say that if there is anyone who can negotiate the tricky policy and political questions that confront the department, it is Mr. Principi. “He’s kept his fences mended,” said former

Representative Sonny Montgomery, a Mississippi Democrat who was previously chairman of the House Veterans’ Affairs Committee and who pressed the Bush transition team to consider Mr. Principi. “He understands veterans’ programs. He knows how to work with Congress, and he’s worked for the department.” He is also a hard worker. “He probably has got the most energy of any human being alive,” said his wife of nearly 30 years, Elizabeth. “He can accomplish more in 15 minutes than I can in hours. He’s very organized and intuitive, and a real problem-solver.” Anthony Joseph Principi was born on April 16, 1944, in New York City, the second child and only son of an Argentine immigrant who ran an electrical supply company at 116th Street and Third Avenue, in Spanish Harlem. He was recruited as a football prospect by the United States Naval Academy but, as an undersized running back, did not play there very much. After graduating from Annapolis in 1967, he served for a year on a destroyer in the Mediterranean before volunteering for duty in Vietnam. There he commanded a patrol boat in the Mekong Delta, and was awarded the Bronze Star and the Navy Combat Action Medal. Returning home but still in the Navy, he married his wife in 1971, graduated from law school at Seton Hall University in 1975 and was assigned to the Pentagon, where he became legislative counsel for the Department of the Navy. It was in that post that he met Senator John G. Tower, Republican of Texas, who lured him out of the Navy to take a job as counsel of the Senate Armed Services Committee. But it was his subsequent work as staff director for the Senate Veterans’ Affairs Committee that brought him to the attention of veterans’ groups and landed him the position as Mr. Derwinski’s second in command during the first Bush administration. Mr. Principi is perhaps best known as chairman of a Congressional commission, created in 1996, that recommended a major expansion in education programs and job training for soldiers, sailors and airmen leaving active duty. The panel’s leading recommendation was complete payment of all tuition. While Congress balked at so expensive a proposal, it did enact a provision this year increasing educational benefits by a minimum of 21 percent, to \$650 a month. (*The New York Times on the Web, December 30, 2000*)

HOUSE REPUBLICANS CHOOSE CHRIS SMITH TO HEAD VETERANS’ AFFAIRS COMMITTEE

Republicans have chosen Rep. Chris Smith (R-NJ) to succeed Rep. Bob Stump (R-AZ) as chairman of the House Committee on Veterans’ Affairs. Rep. Smith has served on the VA Committee for 20 years. His promotion from VA Committee vice chairman was part of the changeover of chairmen required by the six-year term limitations House Republicans imposed

on committees when they became the majority party in 1995. Stump becomes chairman of the House Armed Services Committee, where he was vice chairman. Smith and Rep. Mike Bilirakis (R-FL) both sought the position and each made presentations to the Republican Conference selection committee in December. Smith's selection marks the first time New Jersey will have a full committee chair in eight years and the first time a New Jersey congressman chaired the House Veterans' Affairs Committee since its creation in 1947. In the 106th Congress, Smith was the senior member of the VA Subcommittee on Health. As chairman of the full committee, Smith will oversee a federal department with a \$48 billion budget, more than 100 national cemeteries, a comprehensive benefits program affecting millions of Americans, and one of the world's largest health care systems. "I feel deeply honored and blessed to have the opportunity to serve those who have served our nation," Smith said. "No one in America deserves more attention and tangible assistance than our veterans." Smith said his emphasis would be making sure the VA provides a "world class health care system and prompt and fair decisions on claims for benefits." "Chairing the VA Committee for six years was a great privilege," Stump said. "I am absolutely certain Chris Smith will be an outstanding chairman, and I look forward to working with him on behalf of veterans." Smith is the author of the program that provides enhanced education benefits for military health care professionals who agree to work at veterans' facilities. He has introduced legislation to extend benefits to veterans disabled by combat service in extreme cold-weather conditions, and to guarantee that veterans needing treatment for spinal cord injuries, blindness, and other complicated conditions continue to have access to specialized treatments. He also introduced legislation to provide greater access to psychiatric and re-adjustment counseling in VA facilities. Smith has been recognized as "Legislator of the Year" by the Vietnam Veterans of America, the Veterans of Foreign Wars, and the Jewish War Veterans. Smith was born on March 4, 1953, in Rahway, NJ. He graduated from Trenton State College (College of New Jersey) in 1975 with a degree in business administration. In 1974, he studied comparative government as a visiting student in Worcester, England. He worked in his family's sporting goods business and served as executive director of the New Jersey Right to Life Committee until elected to the House of Representatives for the first time in 1980. He has been re-elected with 60 percent or more of the vote in the last nine elections. Smith is married to the former Marie Hahn of South Amboy, NJ. They have four children. (*VA Intergovernmental Affairs, January 5, 2001*)

NORTH CAROLINA TAX EXEMPTION

A settlement has been reached with the state of North Carolina resulting in elimination of state taxes on government retirement benefits. It benefits taxpayers who, before 12 Aug 1989, had five years or more of creditable service with federal, North Carolina state or local government, including their

beneficiaries or estates. This applies to military members, regardless of where they now serve. As long as they meet the five-year criteria their retired pay will be tax-exempt should they choose to retire in North Carolina at any time in the future. Those already retired, who paid state taxes on such benefits since 1989, as well as their beneficiaries or estates, are due a refund of taxes paid since 1985. They can write the Federal Retiree Tax Equity Task force, PO Box 11484, Winston Salem, NC 27116-1484 or call (877) TAX-CASE for more information on how to claim their refund. (*Shift Colors, Winter 98*) On December 21, 2000, the North Carolina Supreme Court ruled that the state attorney general had no standing to appeal an earlier decision finalizing settlement of a suit by North Carolina retirees to win refund of illegally collected state income taxes on military and federal civilian retired pay during the years 1989-1997. Barring any further unforeseen delays, NC retirees should get their refunds in April. (*LegisUpdate TROA, January 5, 2001*)

MILITARY RETIREES GET LOW-COST DRUG COVERAGE

While Congress this year failed to enact a Medicare prescription drug benefit, it did pass a law guaranteeing low-cost coverage to one large group of older Americans: 1.4 million military retirees and their dependents. This new benefit, funded under the 2001 defense budget, passed the House and Senate with little fuss and large majorities. President Clinton made it clear he welcomed the measure but told reporters: "I think the real question is how can Congress in good conscience do this and say they're not going to do it for ...the senior population ...in the rest of the country." The drug coverage is part of a \$60 billion package that will give military retirees and their dependents virtually free health care for life. Now – and until Oct. 1, 2001, when the new law takes effect – retirees must leave the military's TriCare health system at age 65 and rely on Medicare. They thus lose benefits not available under Medicare (especially drug coverage) unless they personally pay for costly supplemental medigap insurance. The new deal – already unofficially called TriCare-For-Life by organizations such as the Retired Officers Association (TROA), which lobbied hard for it-will act as secondary insurance to Medicare, paying for medications as well as all other costs Medicare doesn't cover, including the Part B deductible. "It's the best medigap policy you can buy – except it doesn't cost you any money," says Col. Paul Arcari of TROA. There are no enrollment fees or premiums. The prescription drug benefit offers three options for buying drugs: by mail order at \$8 for each prescription of 90 days or less; from pharmacies in the military network at a copay of 20 percent per prescription; or from non-network pharmacies at a 25 percent copay after a \$150 deductible. There is no premium or limit on coverage – nor, for the first two options, any deductible. The benefit package will be available to all military retirees who have served honorably for at least 20 years and to their spouses, widowed survivors and other

dependents (including parents) aged 65 or over. All must be enrolled in Medicare Part B to participate in TriCare-For-Life. Arcari urges those not currently in Part B to sign up in the next open enrollment period, Jan. 1 through March 31, 2001. Anyone eligible who now has supplemental insurance should keep it until Oct. 1, 2001, when the new system takes effect. Prescription drug coverage starts April 1, 2001. Beneficiaries should also make sure their records are correct in the Defense Enrollment Eligibility Reporting System (DEERS) database. Otherwise they might be denied benefits. (Call toll free (800) 538-9552 or write to DEERS, Attn: COA, 400 Gigling Rd., Seaside, CA 93955-6771). Military retirees were "ecstatic" as the health package passed Congress. "They're still pinching themselves," says Arcari. Many had protested that being switched to Medicare at age 65 broke a promise made on recruitment but never specified in law that they would receive health care for life. The legislation provoked criticism from some commentators who believe that the generous prescription drug benefit – projected to cost \$198 million a year – should be extended to the whole Medicare population. Others, though, see the military retirees' gain as an opportunity to promote the drug coverage needs of other older Americans in future congressional debates. (*AARP Bulletin, December 2000*)

VA'S HEPATITIS C PROGRAM IS UNDER NEW MANAGEMENT

To better address the hepatitis C as a public health issue, as well as a medical condition, the Department of Veterans Affairs (VA) recently placed its national program under new management. "VA screens, tests and treats more people with hepatitis C than anyone else in the country," said Dr. Thomas Garthwaite, VA's Under Secretary for Health. "Even so, VA continues to explore new ways to improve its hepatitis C initiatives. Moving the hepatitis C program to the Office of Public Health and Environmental Hazards is just the first step in expanding our commitment to identify and treat all veterans with the disease." The new director of the hepatitis C program is Dr. Lawrence Deyton. Since arriving at VA, Deyton has been responsible for planning, coordinating, implementing and evaluating the care of veterans infected with the human immunodeficiency virus (HIV) that causes AIDS. Under his direction, VA provides more HIV services in the United States than any other health care system. Deyton will continue to direct the AIDS program, along with hepatitis C. "Hepatitis C and HIV are very different diseases and raise very distinct public health, medical and management issues for VA," said Deyton. "We have learned important lessons in dealing with HIV as a public health concern that can be applied to hepatitis C. VA's HIV program has an excellent track record and is seen as a leader in HIV education and care. We plan to use the best from that program to build on VA's first-rate hepatitis C program." Since taking on hepatitis C in 1992, VA has established two Centers of Excellence at the Miami and San Francisco VA medical centers, cooperated in veteran outreach

partnerships, conducted extensive research and sponsored educational conferences. Additionally, VA monitors the hepatitis C epidemic and the effect of VA's response through a national registry. The first year the registry operated in 1998, nearly 113,000 veterans were tested. From January 1999 to March 2000, about 213,000 veterans were tested, almost double the number in the first year. These efforts will continue to expand under the new leadership. "VA's multifaceted approach in the treatment of hepatitis C is unheralded," said Garthwaite. "My plans are to set up a new strategic health care group that will include both hepatitis C and HIV. By combining the best of both programs and placing them under the same management team, these important, complex diseases will get the full attention and resources they deserve and, most importantly, our veterans deserve." Both hepatitis C and HIV are chronic diseases caused by blood-borne viruses. Hepatitis C affects four to five times as many Americans as HIV, according to the Centers for Disease Control (CDC). VA sees approximately 19,000 veterans who have tested positive for HIV and nearly 70,000 veterans who have tested positive for hepatitis C. Both diseases are treated with combination drug therapies, and without treatment the diseases can be fatal. "VA is in an extraordinary position to continue to lead the way in this rapidly changing area of health care," said Deyton. "For both hepatitis C and HIV, the veterans who are at risk need to be identified and tested. Preventing new infections must be a priority, and clinical providers must be educated about new research findings that have an impact on clinical care. I am pleased that maintaining high-quality care for veterans with hepatitis C and HIV is receiving the utmost attention from VA, Congress and veterans organizations. I regularly care for these veterans in my clinic at the VA Medical Center in Washington, DC. I know them personally. I will not let them down," said Deyton. (*Department of Veterans Affairs, Office of Public Affairs, November 14, 2000*)

FUTURE VA WORKFORCE

In 1999, one-third of the Department of Veterans Affairs (VA) work force was over the age of 50 and eligible for retirement. More than one-half of VA's senior managers responsible for administering benefits will be eligible for retirement in two years. "VA has to compete with the private sector and other government agencies for the best people," said Acting Secretary of Veterans Affairs Hershel W. Gober. "We've developed a strategy that allows us to hire and retain outstanding people to serve veterans and their families." The question of an aging work force eligible for retirement equally affects VA programs for health care, disability pay, survivors benefits and cemeteries. Already eligible for retirement are 16 percent of VA's health care staff, 24 percent of the benefits administration staff, and 22 percent of cemetery directors. Within two years, 58 percent of the Senior Executive Service members who administer VA's benefits programs will be eligible for retirement. To ensure that VA continues to have the work force it needs, Gober created a steering committee to

review the skills of the current work force, the requirements and skills of the future work force, work force trends, recruitment and retention strategies, and study the impact of technology. The strategy that comes out of this process will be the roadmap for building the future of the department. "The department's 220,000 employees deliver world-class service to veterans and their families, and our goal is continue this service into the future," said Gober. (*VA Intergovernmental Affairs, October 16, 2000*)

COLD WAR CERTIFICATES

If you try to contact the Cold War Recognition Certificate Program, you will find there have been some problems with the program and changes in contact information. There is over a 9 to 12 month backlog and they request no follow-up inquires until after 9 to 12 months from the date of the application. Information on the program and how to request a Certificate can be obtained at the website or phone number below. Their new contact information is:

*Commander PERSCOM
Cold War Recognition, Hoffman 2
Attn: TAPC-CWRS, 3N45
200 Stovall Street
Alexandria, VA 22332-0473
PHONE (703) 325-6027
FAX (800) 723-9262 or (703) 325-2167
Internet: <http://coldwar.army.mil>*

(NACVSO News, Volume X, Issue VI)

VA BENEFITS FOR FORMER PRISONERS OF WAR

Former American POWs are eligible for special veterans benefits, including medical care in VA hospitals and disability compensation for injuries and diseases caused by internment. These benefits are in addition to regular veterans benefits and services to which they, as veterans, are entitled. About 40 percent of the Americans held prisoner in the last five conflicts are now living. Records show that 142,232 Americans were captured and interned during World War I, World War II, the Korean War, the Vietnam War, the Gulf War, and the Somalia and Kosovo conflicts. This includes 81 women seized on Guam or in the Philippines during World War II, and two during the Gulf War. Of that total, an estimated 49,707 were living as of Jan. 1, 2000. This includes one from World War I, 44,418 from World War II, 2,659 from the Korean War, 602 from the Vietnam War, 23 from the Gulf War, and one from Somalia and three from the Kosovo Conflict.

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Congress defines a prisoner of war as a person who, while serving on active duty, was forcibly detained by an enemy government or a hostile force, during a period of war or in situations comparable to war.

COMPENSATION

Studies have shown that the physical hardships and psychological stress endured by POWs have life-long effects on health and on social and vocational adjustment. These studies also indicate increased vulnerability to psychological stress. The laws on former POW benefits recognize that military medical records do not cover periods of captivity. A former POW is eligible for disability compensation if any of the following disabilities are found at any time at a compensable level (at least 10 percent disabling): vitamin deficiency diseases such as beriberi and pellagra, chronic dysentery, helminthiasis, malnutrition, miscellaneous nutritional deficiencies, residuals of frostbite, post-traumatic osteoarthritis, psychosis, any of the anxiety states, dysthymic disorder, peripheral neuropathy, irritable bowel syndrome, peptic ulcer disease, or ischemic heart disease (if there was localized edema during captivity). For POWs detained for 30 days or more, it will be presumed that the disability was incurred in or aggravated during military service, unless there is evidence of some other cause. Compensation is paid based on the degree of disability. Veterans rated as 30 percent or more disabled qualify for additional benefits based upon the number of dependents. Dependents of those rated 100 percent disabled may qualify for educational assistance. Spouses of veterans who die as a result of service-connected disabilities are eligible for dependency and indemnity compensation. Spouses of former POWs rated 100% disabled for one year or more prior to death are eligible for dependency and indemnity compensation. As of Jan. 4, 2000, there were 26,364 veterans receiving VA compensation or pension for conditions related to their service and incarceration as POWs.

Current monthly compensation, according to degree of disability:

10 percent.....\$98	60
percent.....\$743	
20 percent.....188	70
percent.....937	
30 percent.....288	80
percent....1,087	
40 percent....413	90
percent....1,224	
50 percent.....589	100
percent...2,036	

MEDICAL CARE

Former POWs are not subject to VA's health-care eligibility assessment and are entitled to VA hospital care. VA may provide outpatient care without limitation to former POWs. POWs held for more than 90 days are eligible for dental treatment. Those held for less than 90 days are eligible for dental treatment for service-connected, noncompensable dental conditions. POW coordinators are assigned to each VA regional office and medical center. Former POWs can contact

VA regional offices by calling a toll-free number: 1-800-827-1000. Callers are automatically connected to the nearest VA regional office. (*Department of Veterans Affairs, Office of Public Affairs, September 2000*)

KOREAN WAR SERVICE MEDAL AVAILABLE

U.S. veterans of the Korean War are now eligible to wear a medal initially offered to them more than 50 years ago, but never issued. About 1.8 million U.S. veterans of the Korean War are eligible to receive it. Next of kin to eligible deceased veterans can also apply for the medal. To wear this medal on U.S. military uniforms, U.S. military personnel must have:

- Served between the outbreak of hostilities, June 25, 1950, and the date the armistice was signed, July 27, 1953;
- Been on permanent assignment or on temporary duty for 30 consecutive days or 60 non-consecutive days, and
- Performed their duty within the territorial limits of Korea, in the waters immediately adjacent thereto or in aerial flight over Korea participating in actual combat operations or in support of combat operations.

The Republic of Korea (ROK) specifies the eligibility period and criteria. Only the ROK – provided medal is approved by the U.S. government to meet the U.S. criteria for wear on the military uniform. The medal will be provided at no cost to veterans. The U.S. Air Force has been designated the lead agency to receive and distribute the medals. To apply, veterans must provide a copy of their discharge paper (DD-214) or a corrected version (DD-215). National Guard members must provide the NGB Form 22, service statement. For information, contact the Air Force Personnel Center, Monday – Friday, 7:30 a.m. – 4:30 p.m. (Central Time) at (800) 558-1404, or the Awards and Decorations Section at (210) 565-2432/2520/2516, FAX (210) 565-3118, or write to HQ AFPC/DPPRA, 550 C St. West, Ste 12, Randolph AFB, TX 78150-4714. (*Army Echoes, Issue 2, Vol. XLIV, 2000*)

HUNTING, TRAPPING AND FISHING LICENSES

The Delaware Commission of Veterans Affairs (DCVA) in cooperation with the Department of Natural Resources and Environmental Control (DNREC), Division of Fish & Wildlife will be issuing Hunting, Trapping and Fishing ID cards for those Delaware veterans and members of the Armed Forces who meet the exceptions to requirements for licensing under Title 7, Chapter 5, Section 502 of the Delaware Code. For more information, please call (302) 739-2792 or (800) 344-9900.

CURRENT VETERAN STATISTICS

As of July 1, 1999, there were an estimated 24.8 million veterans in the U.S. and Puerto Rico, 23.6 million (95.2%) male veterans and 1.2 million (4.8%) female veterans. Approximately 1 in 4 adult U.S. males was a veteran. The median age of all veterans was 58.3 years; 58.8 years for males, 46.0 for females. Vietnam-era veterans comprise the largest single period of service group at 8.1 million veterans, accounting for about one-third of all veterans. World War II veterans comprise the second largest period of service group at 5.9 million veterans, accounting for about one-fourth of all veterans. There are: 4.1 million Korean Conflict veterans; 2.2 million Gulf War era veterans, and only 3,400 World War I veterans. There are 5.8 million peacetime veterans. During calendar year 2000, it is projected that nearly 580,000 veterans will die. That projects out at approximately 11,160 a week. It is estimated that approximately 8,000 of these will be World War II veterans. By 2010 it is estimated that veterans' yearly death rate will be 618,000, or approximately 12,000 a week. As of December 31, 1999, there were 2,297,311 total veterans in receipt of monthly VA compensation payments. The total number of compensable service-connected veterans has remained fairly constant over the years. As of the end of each fiscal year since fiscal year 1973, the total figure has remained in the 2.2 million to 2.3 million range. As of December 31, 1999, about two thirds (67%) of the service-connected veterans have combined ratings of from 0% to 30%. The remainder, about one-third (33%) of all service-connected veterans, have combined degree of disability ratings from 40% to 100%. Currently 88.7% of all U.S. veterans are white, 8.6% black, 3.4% Hispanic, 0.7% Native American, 0.9% Asian Pacific Islanders, and 1.1% are other races. One in four or approximately 183,000 of U.S. service personnel who participated in the nine-month Operation Desert Storm is now officially classified as "disabled", according to Department of Veterans Affairs figures. The percentage of Gulf War veterans granted disabled status is now higher than for any modern U.S. combat experience and is two and one half times the disability rate from the ten-year long Vietnam War, according to VA sources. In addition another 36,782 disability claims by Gulf War vets are now pending and are being evaluated. About 700,000 members of the U.S. Armed Forces took part in the nine-month military campaign that decided the outcome of the Gulf War. The cost for compensation associated with the Persian Gulf War amount o \$1 billion annually. VA speculates there are several reasons for a Gulf disability rate that in comparison to other wars that might surprise the public. So many things have changed. First, there is a much greater ability now to assess combat and theater-related injuries. Additionally, VA has enhanced their ability to inform veterans of the availability of benefits. According to the latest VA data, 183,037 of the 700,000 troops who served in Operation Desert Storm now receive disability compensation from the VA. The disability-rate for World War II was 8.6 percent with the rate for the Korean conflict even lower, at five percent. During recent congressional testimony, VA Under Secretary for Benefits Joseph Thompson told a subcommittee of the House

Committee on Veterans Affairs that the “number of disabilities per veteran” in the Gulf War was higher than the number of disabilities in any earlier American war. According to Under Secretary Thompson, the disabled Gulf War veterans averaged 3.2 recognized disabilities each compared to 1.79 each for World War II disabled; 2.01 each for Korean conflict disabled, and 2.76 each for Vietnam War disabled. Since the Gulf War ended in late 1991, VA has reported that disabilities from “undiagnosed illness” account for only a few thousand of the 183,000 total Gulf War disabilities. During the same period, health researchers at VA have repeatedly announced that they cannot find verifiable evidence of any specific medical condition known as “Gulf War Syndrome.” Describing the injuries and illnesses that have been documented as major causes of disability, Thompson told Congress: “With respect to the prevalence of service-connected conditions among Gulf War veterans, the number one service-connected condition claimed is impairment of the knee, followed by skeletal system disability, lumbar sacral strain, arthritis due to trauma, scars, hearing loss, hypertension, intervertebral disc syndrome, tendonitis, and osteoarthritis.” (*Veterans Benefits News - VFW, August 23, 2000*)

DELAWARE’S MEDAL OF HONOR RECIPIENTS

There is a “Pyramid of Honors” that can be conferred upon Americans for heroic actions during time of war such as the Silver Star, Distinguished Service Medal and the Navy Cross. Atop this “Pyramid of Honors” is the Medal of Honor, the highest award bestowed upon Americans for heroics during combat. This “Medal of Honor” was instituted in 1862 during the Civil War. Since that time 3,412 Americans have received this highest honor of their country. Of those, only 14 were awarded to Delawareans: nine during the Civil War, one during the Indian Wars out west, one for the insurrection that followed in the Philippines after the war with Spain, and two during World War II. The four veterans listed below are the third in a series honoring Delaware’s Medal of Honor Recipients:

CIVIL WAR

SMITH, S. Rodmond

Rank and organization: Captain, Company C, 4th Delaware Infantry. *Place and date:* At Rowanty Creek, Va., 5 February 1865. *Entered service at:* Wilmington, Del. *Birth:* Delaware. *Date of issue:* 8 April 1895. *Citation:* Swam the partly frozen creek under fire to establish a crossing.

SEWARD, Griffin

Rank and organization: Wagoner, Company C, 8th U.S. Cavalry. *Place and date:* At Chiricahva Mountains, Ariz., 20 October 1869. *Birth:* Dover, Del. *Date of issue:* 14 February 1870. *Citation:* Gallantry in action.

WAR WITH SPAIN

CHADWICK, Leonard

Rank and organization: Apprentice First Class, U.S. Navy. *Born:* 24 November 1878, Middletown, Del.

Accredited to: Delaware. *G.O. No.:* 521, 7 July 1899. *Citation:* On board the U.S.S. *Marblehead* during the operation of cutting the cable leading from Cienfuegos, Cuba, 11 May 1898. Facing the heavy fire of the enemy, Chadwick set an example of extraordinary bravery and coolness throughout this period.

PHILIPPINE INSURRECTION

PIERCE, Charles H.

Rank and organization: Private, Company I, 22^d U.S. Infantry. *Place and date:* Near San Isidro, Luzon, Philippine Islands, 19 October 1899. *Entered service at:* Delaware City, Del. *Birth:* Cecil County, Md. *Date of issue:* 10 March 1902. *Citation:* Held a bridge against a superior force of the enemy and fought, though severely wounded, until the main body came up to cross.

FILIPINO VETERANS TO RECEIVE EXPANDED BENEFITS

Bills signed into law by President Clinton aid certain Filipino veterans residing in the United States who fought alongside American troops during World War II. The bills expand access to health care and burial services and increase the rates of compensation paid by the U.S. Department of Veterans Affairs (VA) to certain service-disabled Filipino veterans. “My signature on this legislation makes long-awaited equity a reality for many aging Filipinos whose bravery in World War II was important to achieving the democracy we treasure today,” said the President. Until now, only Filipinos who served in the U.S. armed forces and Old Philippine Scouts have been receiving VA compensation and medical benefits equal to those of U.S. veterans. Two new laws will enable VA to improve benefits and services to certain World War II veterans of the Philippine Commonwealth Army and recognized guerilla groups with service-connected conditions who reside permanently in the United States today. The Philippine Islands achieved independence from the United States in 1946. It was still a commonwealth of the United States when America entered World War II, and many Filipinos were ordered into service by President Roosevelt. In the years that followed, a variety of VA benefits emerged for different types of Filipino military service. One long-standing provision gave some Filipino veterans certain VA benefits at half the normal rate. Although the laws make no additional Filipino veterans eligible for VA disability compensation, those Filipino veterans living in the United States who are U.S. citizens or permanent aliens and who have an existing service-connected disability will now be paid at a full, rather than half, rate. Currently, these veterans may receive care at VA facilities in the United States only for their service-connected conditions. Under the change in law, these service-disabled Filipino veterans will be provided hospital and nursing home care and outpatient medical services regardless of cause,

service-related or not, under the same rules as for U.S. veterans. The new law also allows VA to treat non-service-related conditions of U.S. veterans and Old Philippine Scouts at its Manila Outpatient Clinic. The "Veterans Benefits and Health Care Improvement Act of 2000" contains provisions extending eligibility for future burial in VA national cemeteries to certain World War II veterans of the Philippine Commonwealth Army and recognized guerilla groups living in the United States. Eligible will be those who, at the time of death, either were citizens of the United States or had permanent residence status. Monetary burial benefits, funeral expenses and plot allowances will be payable at an increased rate for certain disabled World War II veterans of the Philippine Commonwealth Army and recognized guerilla groups residing in the United States. They must have been either U.S. citizens or admitted for permanent residence.

(Department of Veterans Affairs, Office of Public Affairs, November 9, 2000)

DELAWARE VETERANS HALL OF HEROES

The Delaware Veterans Hall of Heroes Association has been formed to pay homage to Delaware Veterans, who have received medals of valor (i.e., Medal of Honor, the Service Crosses, Air Medals, Silver Star, Legion of Merit, Bronze Star, Purple Heart, and other Medals of Valor) in the service of their country. The veteran must have been a Delaware resident at the time of award; be honorably discharged; have proof of the award; copy of Certificate of Discharge (DD 214). Veterans or family and friends of inductees living or posthumous, please call Wilson K. Smith (302) 655-4642, Thomas H. Brown (302) 658-2580, or Paul L. Cathell, Jr. (302) 994-2061. We would also appreciate hearing from relatives of the Delaware Medal of Honor Recipients (12) from the earlier conflicts to the Civil War.

CENTRAL AND 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 4	Ocean View VFW Post 7234	539-9981
JAN 9	Smyrna American Legion Post 14	378-6329
JAN 11	Riverdale American Legion Post 28	945-7314
FEB 1	Ocean View VFW Post 7234	539-9981
FEB 14	Delaware Commission of Veterans Affairs	739-2792
FEB 15	Riverdale American Legion Post 28	945-7314
MAR 1	Ocean View VFW Post 7234	539-9981
MAR 6	Smyrna American Legion Post 14	378-6329
MAR 15	Riverdale American Legion Post 28	945-7314

Veterans are requested to bring proof of service for enrollment.

For more information contact:

*Clyde Bragg, RN Outreach Health Screening Nurse
 (302) 633-5332 – Outreach Screening Clinic
 (302) 633-5500 – Primary Care/Women’s Health Clinic
 (302) 633-5212 – Eligibility/Registration
 (302) 633-5519 – Health Care Hotline*

VETERAN SERVICE OFFICER REPRESENTATION

The Delaware Commission of Veterans Affairs Service Officers, Ms. Melanie E. Bronov and Ms. Laurie A. White, provide information and assistance in submitting claims concerning education, disability compensation, hospitalization, rehabilitation and pensions. In addition, Ms. White is also available at the Pyle State Service Center located in Roxanna, DE, on Mondays and Fridays. You may reach Ms. White at the Pyle State Service Center at (302) 732-9560. *For further information, and/or an appointment you may call (302) 739-7447 or toll free at 1-800-344-9900 (In State only).* DCVA also represents members of the following veterans organizations: 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
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 3	Laurel, Post 19	875-9948
	Seaford, Post 6	
JAN 10	Dover, Post 2	674-3922
JAN 18	Oak Orchard/Riverdale Post 28	945-1673
FEB 7	Laurel, Post 19	875-9948
	Seaford, Post 6	
FEB 14	Dover, Post 2	674-3922
FEB 22	Oak Orchard/Riverdale Post 28	945-1673
MAR 7	Laurel, Post 19	875-9948
	Seaford, Post 6	
MAR 14	Dover, Post 2	674-3922
MAR 22	Oak Orchard/Riverdale Post 28	945-1673

Disabled American Veterans (DAV)

Charles Kashner, Department Service Officer (DAV), (302) 697-9061 / (888) 208-9200 (in state), or (302) 697-3335.

Every Wednesday:	DAV Headquarters Building (Kent) 183 South Street Camden, DE 19934
Every Thursday:	Department of Labor

(Sussex) Div. Of Emp & Trng
 Georgetown Professional Park
 600 N. DuPont Hwy.
 Georgetown, DE 19947

**TRANSPORTATION PROVIDED BY DAV
 TO VA HOSPITAL (ELSMERE)**

Mondays, Tuesdays, Wednesdays and Thursdays
From Rehoboth area: Contact – John Smith (302) 644-1373
 * Cape Henlopen Senior Center: 11 Christian St., Rehoboth
 * St Judes Church parking lot: Delaware 1, Lewes
 * Milford Shopping Center: US 113, Milford
 * DAV Building: 182 South Street, Camden
From Seaford area: Contact – William Phillips (302) 542-3622
 * Dillars Restaurant: Greenwood
 * DAV Building: 182 South St., Camden
 * Smyrna Rest Area: US 13, Smyrna
 Please make appointments for VAMC from 9:00 AM-2:00 PM.
 All requests for transportation to the VAMC must be made with us at least one week in advance of the scheduled appointment. Vans will not make house to house pick-ups. The DAV vans are NOT wheelchair accessible.

Paralyzed Veterans of America (PVA)
 Dante Profili, National Service Officer, VA Regional Office,
 1601 Kirkwood Hwy, Room 26, Wilmington, DE 19805,
 (302) 633-5325 or (302) 633-5392.

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 Hwy, Room 21, Wilmington, DE 19805
 (800) 461-8262 ext. 5326 or (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

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

NOTE: All persons interested in Outreach Services should first call our office so that some advance information may be obtained to accelerate application process.

SERVICE ORGANIZATIONS

American Legion.....302-633-5323
 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

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

 Jim Thompson (Chairman).....Marine Corps League
 Bob Marcinkowski (Vice Chairman).....TROA
 Bob Barnett.....Jewish War Veterans
 Cornelius “Bill” Carroll.....Military Order of the Purple Heart
 Charles Farrell.....Korean War Veterans
 George K. Hastings.....Military Order of the World Wars
 Charles Kashner.....Disabled American Veterans
 Richard M. Magner.....AMVETS
 Gary “Mo” Morris.....American Legion
 Ben Pernol.....Veterans of Foreign Wars
 Reese Phillips.....La Societe 40&8
 Leon Stajkowski.....Fleet Reserve Association
 John Thomas.....Delaware Veterans
 George Webb.....Vietnam Veterans of America

DELAWARE VETERANS MEMORIAL CEMETERY

New Castle County Section (Bear, DE).....302-834-8046
 Sussex County Section (Georgetown, DE).....302-934-5653

STREET _____
CITY _____ STATE _____ ZIP _____ - _____

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

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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