

THE CENTURION

DELAWARE COMMISSION OF VETERANS AFFAIRS
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Ruth Ann Minner, Governor
Dr. Harriet Smith Windsor, Secretary of State

Robert D. Marcinkowski, Chairman
Antonio Davila, Executive Director

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CHAIRMAN'S UPDATE

This is the first update as Chairman that I have had the privilege to prepare. I am honored to be placed in such a position and want to thank and congratulate James L. Thompson for the outstanding job he did as Chairman. He has indeed served not only the Commission extremely well, but all of the veterans in the State of Delaware. Following the tragic events of September 11, 2001, attendance and enthusiasm at the annual Veterans Day ceremonies at the Delaware Memorial Bridge and elsewhere in the State were well above that of the past. Another significant milestone this past month was the 60th Anniversary of the attack on Pearl Harbor. We want to continue this renewed spirit as we face the next major hurdle in first getting the State Legislature to agree to the need for a State Veterans Home, and then to provide the necessary funding to support that need. On January 22, 2002, the Commission of Veterans Affairs plans to address the State Legislature in support of our endeavor for the Home. We ask that all veterans join us at Legislative Hall, Dover, at 1400 hours, to show our elected officials the solidarity we have in support of the necessary legislation to authorize and fund the State Home. Your participation is critical to impress on the legislature the immensity of the voting influence of veterans in our State. Please contact your local veterans organization or Commission representative for details, or call the office of the Commission at (302) 739-2792 or (800) 344-9900.

Sincerely,

Robert D. Marcinkowski
Chairman

THOUGHT FOR THE QUARTER

“Do it now! Today will be yesterday tomorrow.”

VA TO LOWER COPAYMENTS FOR OUTPATIENT CARE

Veterans who currently make co-payments for outpatient health care provided by the Department of Veterans Affairs (VA) will have lower bills, and in some cases, no bills at all, under rules published recently in the *Federal Register*. Secretary of Veterans Affairs Anthony J. Principi is lowering the \$50.80 co-payment some veterans now pay for outpatient care. This decrease is part of an evaluation of co-payments – outpatient, medication and long-term care – by VA. The new regulation sets up a three-tier co-payment system for outpatient care. The first tier will be for preventive care visits and will cost veterans nothing. This care includes flu shots, laboratory tests, certain radiology services, hepatitis C screenings and numerous other preventive services. Primary care outpatient visits comprise the second tier and will require a co-payment of \$15. The last tier includes specialty outpatient care, like outpatient surgery, audiology and optometry will cost \$50. The co-payments do not apply for the treatment of medical problems that are officially recognized as “service connected.” For nonservice-connected conditions, the outpatient co-payments apply primarily to veterans enrolled in Priority Group 7. “This is great news for veterans,” said Principi. “It eliminates barriers for veterans to get the preventive care they need and will lower the cost of health care for many. Although VA recently announced increases in medication co-payments, the decrease in outpatient co-payments often will offset the pharmacy increases.” Another VA regulation will increase the co-payment some veterans make for outpatient medications from \$2 to \$7 for each 30-day supply, with maximum annual out-of-pocket payment of \$840 for veterans in certain enrollment priorities. The \$7 medication co-payment would be lower than – or equal to – most medication co-payments charged by the private health care industry. On the other hand, the existing outpatient

visit co-payment was too high compared to private health care, Principi said. Consequently, VA is readjusting both to provide fair and equitable costs for veterans who must make co-payments. Every dollar collected from outpatient and medication co-payments is returned to the VA facility where the veteran received medical care. The co-payment collections are used to improve medical care for veterans. During fiscal year 2001, VA collected \$95 million in outpatient co-payments. Under the three-tier system, it is estimated that VA will collect \$30 million. This decrease will be made up by the increase in medication co-payments. “Many veterans still come out ahead,” said Principi. “Today, for example, a veteran who sees his primary care doctor for an illness and receives two prescriptions pays \$54. Under the new regulations, he will pay \$29 -- \$15 for the visit and \$14 for the medications.” VA is proposing no changes to the hospital care co-payments. Currently, some veterans pay \$792 for each 90 days of hospital care. In addition to this, there is a \$10 per diem charge. For each subsequent 90 days of care in the same fiscal year, the charge is \$396, or half the cost of the first 90 days. Congress gave the VA Secretary the authority to change outpatient and medication co-payments in Public Law 106-117 (November 1999). The new regulations changing outpatient care co-payments became effective December 6, 2001. The medication co-payment regulation will be effective February 4, 2002. “VA was long overdue in looking at what we charged for co-payments,” said Principi. “Since 1990, veterans had been paying \$2 for medication co-payments, even though our costs for pharmaceuticals rose from \$715 million to \$2.1 billion during the same period. We have aligned our co-payments with those in the private sector, with emphasis on fair and equitable charges and providing the best health care possible.” (*Department of Veterans Affairs, December 2001*)

VA CHANGES COPAYMENTS FOR OUTPATIENT CARE AND MEDICATIONS

Why is VA changing the outpatient and medication co-payments? Congress gave the VA Secretary the authority to change both the outpatient and medication co-payments in Public Law 106-117 (November 1999). The final regulation concerning medication co-payments was published in the *Federal Register* on Dec. 6. After reviewing industry standards, VA believes that the medication co-payment should be increased from \$2 to \$7. However, VA found that the current outpatient co-payments of \$50.80 were too high for primary care. Consequently, VA is readjusting both co-payments to provide fair and equitable costs for veterans who must make co-payments.

Why have a three-tier system of outpatient co-payments? The three-tier system eliminates barriers for veterans to get the preventive care they need and lowers their cost for a primary care visit to a much more reasonable fee of \$15. At the same time, VA is essentially retaining a \$50 co-payment for more expensive health care such as outpatient surgery.

Can you give examples of what kind of care is provided at each of the tiers? The first tier, which is free, would include preventive screening and immunizations; screenings for hepatitis C, breast cancer, and cervical cancer; laboratory, flat film radiology services and EKG's. A primary care visit, or the second tier that will cost \$15, includes diagnosis and management of acute and chronic conditions, overall care management and the large majority of personal health care needs. The final tier, which will cost \$50, is for specialty care that is provided only through a referral from a primary care provider. Examples of specialty care include ambulatory surgery, computerized axial tomography (CAT) scan, MRI's, audiology, optometry and care by specialists.

Is a medication co-payment charged for all items received from VA pharmacies?

No, a medication co-payment is only charged for prescriptions and over-the-counter medications furnished on an outpatient basis. Co-payments are

not charged for medical supply items, such as diabetic supplies. Additionally, veterans receiving medications prescribed for service-connected disabilities are not charged co-payments.

Can I bring a prescription from my non-VA health care provider and have it filled at a VA pharmacy to take advantage of the low medication co-payment? Generally, no. To be filled in a VA facility, prescriptions must be written by a VA health care provider. However, homebound veterans receiving VA's "Aid and Assistance" benefits or other homebound benefits can bring in a prescription from a private provider and have that prescription filled in a VA pharmacy.

I use the VA mail-in pharmacy for my refills. Is there a different medication co-payment for using the mail-in pharmacy? No. The medication co-payment is the same for mail-in pharmacy service as it is for medications picked up at a VA hospital or outpatient clinic.

How do I make co-payments?

There are several payment options. 1) Payment can be made at the time you drop off your prescription or visit your health care provider. You can pay with cash, check or charge card. 2) You can receive a monthly billing statement in the mail. The payment address is printed on the statement.

Where does the co-payment go?

Every dollar collected from outpatient and medication co-payments is returned to the VA facility where you receive your medical care. The co-payment collections are used to improve medical care for veterans.

Is there a yearly cap on the amount I will have to pay for medications? There is an \$840 yearly cap for veterans enrolled in Priority Groups 2-6. The purpose of the annual cap is to help eliminate financial hardships for veterans in unusual circumstances who need a significant number of prescriptions. The cap is based on a veteran who averages more than 10 prescriptions a month. There is no annual cap for veterans enrolled in Priority Group 7.

Will the amount of the co-payment and the annual cap ever change? The amount of the medication co-payment and the annual cap may be

changed on an annual basis. Co-payments could increase with inflation, along with caps, based on the Prescription Drug portion of the Consumer Price Index.

Are there any changes in the inpatient co-payments? There are no changes in the inpatient co-payments. Currently, some veterans pay \$792 for each 90 days of hospital care. In addition to this, there is a \$10 a day per diem charge. For each subsequent 90 days of care in the same fiscal year, the charge is \$396, or half the cost of the first 90 days.

Who has to make medication co-payments?

Medication co-payments are charged for medications received on an outpatient basis for nonservice-connected conditions. Medication co-payments are NOT charged for service-connected veterans rated 50 percent or greater, for any service-connected condition or for veterans whose income is lower than the VA pension level.

What about outpatient co-payments? Who is exempt from making those?

As mandated by law, the following veterans are not subject to the co-payment requirements for inpatient hospital care or outpatient medical care:

- Veterans with a compensable service-connected disability;
- Veterans who are former prisoners of war;
- Veterans awarded a Purple Heart;
- Veterans who were discharged or released from active military service for a disability incurred or aggravated in the line of duty;
- Veterans who receive disability compensation under 38 U.S.C. 1151;
- Veterans whose entitlement to disability compensation is suspended pursuant to 38 U.S.C. 1151, but only to the extent that the veteran's continuing eligibility for care is provided for in the judgment or settlement described in 38 U.S.C. 1151;
- Veterans whose entitlements to disability compensation are suspended because of the receipt of military retirement pay;
- Veterans of the Mexican border period or of World War I;

- Veterans who VA determines are unable to defray the expenses of necessary care under 38 U.S.C. 1722(a); and
- Veterans receiving care under 38 U.S.C. 1710(e) on the basis that they are a Vietnam-era herbicide-exposed veteran, a radiation-exposed veteran, a Gulf War veteran or post-Gulf War combat-theater veteran.

How do I apply for the low-income exemption from co-payments? To be considered for the low-income exemption, you must agree to provide income information to VA. VA compares your income to the limit set by law every year. If your income level is below this limit, you are exempt from the medication co-payment. If your income level is higher than this limit, you are not exempt. Additionally, certain veterans with short-term financial hardships may be eligible for a waiver of the co-payment. To obtain information regarding a waiver, contact your local VA health care facility.

When will both the outpatient and medication co-payment regulations be effective? The final regulation for medication co-payments was published in the *Federal Register* on Dec. 6 and will become effective on Feb. 4, 2002. The regulation outlining outpatient co-payments also was published Dec. 6 in the *Federal Register*, but it became effective immediately. The normal regulatory process was speeded up through a process called an "interim final rule," which means the regulation was considered approved as soon as it was published. (*Department of Veterans Affairs, December 2001*)

VA ESTABLISHES NEW HEPATITIS C AND HIV FIELD OFFICE

To better address the needs of nearly 100,000 veterans infected with hepatitis C or HIV, the Department of Veterans Affairs (VA) recently established a new field office in West Haven, Conn., that will provide front-line perspective to the national program. Dr. Michael Rigsby, an infectious disease physician at the VA Medical Center in West Haven and associate professor of medicine at Yale University School of Medicine, will direct the new program office for hepatitis C

and HIV. A graduate of Yale medical school, Rigsby has been a VA doctor since 1993. Last year, he worked on several new national hepatitis C initiatives. "VA has really set the standard for how health care organizations can respond to the needs of patients with HIV and hepatitis C," said Rigsby, who has conducted VA research in viral infections and regularly provides clinical care to patients. "As the largest provider of medical care to these patients in the United States, our success will be a model for the rest of the health care system." Although based in West Haven, Dr. Rigsby is part of a newly created Public Health Strategic Health Care Group led by Dr. Lawrence Deyton in Washington, D.C. This group also includes the Center for Quality Management in HIV and Hepatitis located in Palo Alto, Calif. "The fact that a large portion of our organization is field-based is a special strength in the program," said Deyton. "It keeps us in touch with day-to-day needs of front-line providers and permits us to take advantage of the diversity and breadth of experience across the system." VA is the nation's largest single provider of both HIV and hepatitis C care in the United States. Last year, more than 19,000 veterans received care for HIV and nearly 80,000 for hepatitis C. Additionally, VA conducts the largest voluntary HIV testing program in the country with more than 50,000 tests performed last year. It has established the largest hepatitis C screening and testing program in the world, having screened or tested more than two million veterans in the past two years. For more information about VA's hepatitis C and HIV programs visit the following Internet Web site: <http://www.va.gov/hepatitisc> or <http://vhaaids.info.cio.med.va.gov/aidsservice>. (*Department of Veterans Affairs, October 26, 2001*)

VISITING WITH QUESTIONS ABOUT ANTHRAX

What is anthrax? Anthrax is an acute infectious disease caused by the spore-forming bacterium *Bacillus anthracis*. Anthrax most commonly occurs in wild and domestic lower vertebrates (cattle, sheep, goats, camels, antelopes, and other

herbivores), but it can also occur in humans when they are exposed to infected animals or tissue from infected animals.

Why has anthrax become a current issue?

Because anthrax is considered to be a potential agent for use in biological warfare, the Department of Defense (DoD) has begun mandatory vaccination of all active duty military personnel who might be involved in conflict.

How common is anthrax and who can get it?

Anthrax is most common in agricultural regions where it occurs in animals. These include South and Central America, Southern and Eastern Europe, Asia, Africa, the Caribbean, and the Middle East. When anthrax affects humans, it is usually due to an occupational exposure to infected animals or their products. Workers who are exposed to dead animals and animal products from other countries where anthrax is more common may become infected with *B. anthracis* (industrial anthrax). Anthrax in wild livestock has occurred in the United States.

How is anthrax transmitted?

Anthrax infection can occur in three forms: cutaneous (skin), inhalation, and gastrointestinal. *B. anthracis* spores can live in the soil for many years, and humans can become infected with anthrax by handling products from infected animals or by inhaling anthrax spores from contaminated animal products. Anthrax can also be spread by eating undercooked meat from infected animals. It is rare to find infected animals in the United States.

What are the symptoms of anthrax?

Symptoms of disease vary depending on how the disease was contracted, but symptoms usually occur within 7 days.

Cutaneous: Most (about 95%) anthrax infections occur when the bacterium enters a cut or abrasion on the skin, such as when handling contaminated wool, hides, leather or hair products (especially goat hair) of infected animals. Skin infection begins as a raised itchy bump that resembles an insect bite but within 1-2 days develops into a vesicle and then a painless ulcer, usually 1-3 cm in diameter, with a characteristic black necrotic (dying) area in the center. Lymph glands in the adjacent area may

swell. About 20% of untreated cases of cutaneous anthrax will result in death. Deaths are rare with appropriate antimicrobial therapy.

Inhalation: Initial symptoms may resemble a common cold. After several days, the symptoms may progress to severe breathing problems and shock. Inhalation anthrax is usually fatal.

Intestinal: The intestinal disease form of anthrax may follow the consumption of contaminated meat and is characterized by an acute inflammation of the intestinal tract. Initial signs of nausea, loss of appetite, vomiting, fever are followed by abdominal pain, vomiting of blood, and severe diarrhea. Intestinal anthrax results in death in 25% to 60% of cases.

Where is anthrax usually found? Anthrax can be found globally. It is more common in developing countries or countries without veterinary public health programs. Certain regions of the world (South and Central America, Southern and Eastern Europe, Asia, Africa, the Caribbean, and the Middle East) report more anthrax in animals than others.

Can anthrax be spread from person-to-person? Direct person-to-person spread of anthrax is extremely unlikely to occur. Communicability is not a concern in managing or visiting with patients with inhalational anthrax.

Is there a way to prevent infection? In countries where anthrax is common and vaccination levels of animal herds are low, humans should avoid contact with livestock and animal products and avoid eating meat that has not been properly slaughtered and cooked. Also, an anthrax vaccine has been licensed for use in humans. The vaccine is reported to be 93% effective in protecting against anthrax.

What is the anthrax vaccine? The anthrax vaccine is manufactured and distributed by BioPort, Corporation, Lansing, Michigan. The vaccine is a cell-free filtrate vaccine, which means it contains no dead or live bacteria in the preparation. The final product contains no more than 2.4 mg of aluminum hydroxide as adjuvant. Anthrax vaccines intended for animals should not be used in humans.

Who should get vaccinated against anthrax? The Advisory Committee on Immunization Practices has

recommended anthrax vaccinations for the following groups:

- Persons who work directly with the organism in the laboratory.
- Persons who work with imported animal hides or furs in areas where standards are insufficient to prevent exposure to anthrax spores.
- Persons who handle potentially infected animal products in high-incidence areas. (Incidence is low in the United States, but veterinarians who travel to work in other countries where incidence is higher should consider being vaccinated.)
- Military personnel deployed to areas with high risk for exposure to the organism (as when it is used as a biological warfare weapon).
- Pregnant women should be vaccinated only if absolutely necessary.

What is the protocol for anthrax vaccination?

The immunization consists of three subcutaneous injections given 2 weeks apart followed by three additional subcutaneous injections given at 6, 12, and 18 months. Annual booster injections of the vaccine are recommended thereafter.

Are there adverse reactions to the anthrax vaccine? Mild local reactions occur in 30% of recipients and consist of slight tenderness and redness at the injection site. Severe local reactions are infrequent and consist of extensive swelling of the forearm in addition to the local reaction. Systemic reactions occur in fewer than 0.2% of recipients.

How is anthrax diagnosed? Anthrax is diagnosed by isolating *B. anthracis* from the blood, skin lesions, or respiratory secretions or by measuring specific antibodies in the blood of persons with suspected cases.

Is there a treatment for anthrax? Doctors can prescribe effective antibiotics. To be effective, treatment should be initiated early. If left untreated, the disease can be fatal.

Where can I get more information about the recent Department of Defense decision to require men and women in the Armed Services to be

vaccinated against anthrax? The Department of Defense recommends that servicemen and women contact their chain of command on questions about the vaccine and its distribution. The anthrax Vaccine Immunization Program in the U.S. Army Surgeon General's Office can be reached at 1-877-GETVACC (1-877-438-8222), <http://www.anthrax.osd.mil>. (*Center for Disease Control and Prevention*)

VA OFFERS LIFE INSURANCE TO SERVICEMEMBERS' FAMILIES

The families of most American active-duty service members and reservists have gained new life insurance coverage under a Department of Veterans Affairs (VA) program. "This is a major new benefit for today's service members," said Secretary of Veterans Affairs Anthony J. Principi. "It recognizes the changing financial needs of our military families and provides them with a new measure of security." The government has offered a variety of life insurance programs to military members since World War I, and nearly all of today's new recruits accept policy coverage through pay deductions. The change widens the program to cover the life of their spouse and the lives of any dependent children. The change was provided under the Veterans' Survivor Benefits Improvement Act signed earlier this year. That law expanded the popular Servicemembers' Group Life Insurance (SGLI) program to generally allow spousal coverage up to \$100,000 plus \$10,000 per child. Coverage was automatic at the highest levels when the law went into effect Nov. 1 unless the service member declines the insurance or requests a lower coverage level. The spouse's insurance level cannot exceed the service member's policy. The vast majority of service members today take SGLI coverage to the highest limit allowed for active duty members, \$250,000. Like SGLI coverage for the service member, the family coverage will be available in \$10,000 increments. While military members pay premium costs of 80 cents a month per \$10,000 of coverage for their life insurance, the new coverage for children is free, and the spousal premium for each \$10,000 of coverage

will range from 90 cents for spouses below age 35 to \$5.50 per month for those over age 54. Rates and more details are available on VA's Web site at www.insurance.va.gov. Under the new family life insurance policies, if the service member drops his or her SGLI coverage or leaves the military, the spouse's policy can be converted to a private life insurance policy within 120 days. Such conversion options currently are offered by 86 commercial insurance companies. Spouse policy conversion also is available in the event of the service member's death, or where the marriage ends by divorce. The coverage of dependent children is not convertible to a private policy. (*Department of Veterans Affairs, November 5, 2001*)

AVIATION SECURITY ACT GIVES HIRING PREFERENCE TO MILITARY RETIREES

The Aviation and Transportation Security Act of 2001, signed by President Bush, will give military veterans who retired after a career in service a preference when it comes to filling the new private-sector and federal jobs created by the legislation. "With the men and women of the armed forces now in harm's way in the war on terrorism, it's entirely appropriate that the legislation born of the Sept. 11 attack acknowledges the value our veterans bring to the workforce," said Secretary of Veterans Affairs Anthony J. Principi. "We recognize the importance of security in our public transportation. Men and women who wore their nation's uniform can be depended on to help provide that security." The Act provides that the Federal Aviation Administration will develop standards for hiring airport security personnel that require military veteran retirees receive a preference. These standards will apply to both federal and non-federal employees. Existing veterans preference rules and regulations are not affected by the provisions of this new law. "The skills and experience of these retired veterans will allow them to make a major contribution to our national security. This not only extends their service in an important effort but allows the country to benefit from the investment already made in their

training,” said Principi. (*Department of Veterans Affairs, November 19, 2001*)

UNWANTED VEHICLE DONATION PROGRAM

Military Order of the Purple Heart (MOPH) Department of Delaware Inc., and Goodwill Industries of Delaware & Delaware County, Inc., have a joint venture. Those who have unwanted vehicles – cars, trucks, motor homes, boats/trailers, and motorcycles may donate them to Goodwill in the name of MOPH for auction/sale. Following sale of the item – MOPH will receive the net proceeds to support their organization. Donors should contact any Goodwill store with information about the vehicle (unsaleable items will not be accepted) and tell them that it is being donated in support of MOPH. Goodwill will take all necessary information, arrange for towing of vehicle, if needed, and handle all the Motor Vehicle paperwork at no cost to the donor. A receipt will be given for the item which may be used as an IRS tax deduction for the donor. For further information, please contact any MOPH member or MOPH Department of Delaware Commander Cornelius C. (Bill) Carroll at (302) 655-3820.

DoD VEHICLE DECALS

Military authorities remind all persons (military, retirees, and civilians) who have a vehicle DoD sticker/parking pass to remove the decal prior to selling the vehicle. This will help deter attempts by others to gain unauthorized access to military installations such as Dover Air Force Base. It may also help the installations to defend themselves from terrorists. Removal tip: try pouring near boiling water directly on the decal – place the decal on a piece of paper and turn it in to the base from where it was issued. This will also clear your name from the base records and will eliminate the possibility of having your vehicle involved in an incident on base – which you no longer own.

(*James L. Thompson, Vice Chairman, Commission of Veterans Affairs*)

TOOLKIT OPEN FOR RESERVE, ACTIVE DUTY FAMILY USE

Service members called up for active service or those deploying have a new tool kit to help their families. The Guard and Reserve Family Readiness Programs Toolkit is available online. “It is a comprehensive set of resources,” said Army Col. James L. Scott II, director of individual and family support policy at DoD’s reserve affairs. It’s a set of tools that commanders, service members, family members and family program directors or managers can use to assist in preparing units for the separations that take place during mobilization and deployment. Though aimed at reserve members, active duty service members will also find the information helpful. Pass this link along to those who may find it helpful: <http://www.defenselink.mil/ra/family/toolkit/>. (*VETS NET, US Department of Labor, Autumn 2001*)

WWII VETERANS RECEIVE HIGH SCHOOL DIPLOMA

The State of Delaware is now providing high school diplomas to eligible World War II veterans. During the 1940’s, thousands of young men and women across this country left high school and the comforts of home and hearth to serve gallantly in the armed forces during WW II. Their sacrifice ensured our freedom, built our country into a superpower, and shaped the entire course of history throughout the world. After the war, many of these veterans were not able to finish high school for various reasons, but led productive lives and built our communities over their lifetime. In recognition of their outstanding contributions, House Bill 60, introduced by Representative Shirley Price and signed by the Governor, awards a full Honorary High School Diploma to qualifying WW II veterans.

Eligibility requirements

- An “honorably” discharged veteran who served in WW II between December 7, 1941 through December 31, 1946 inclusive. If the veteran was in service on December 31, 1946, continuous service before July 26, 1947, is considered World War II.
- Left a Delaware high school prior to graduation in order to serve in the armed forces of the United States.
- Did not receive a Delaware High School Diploma or a G.E.D. as a consequence of such service.

Diplomas can also be awarded posthumously. To request a diploma the veteran/spouse or next of kin must submit the enclosed application (see page 13) along with a copy of veterans Certificate of Release or Discharge from Active Duty (DD Form 214). For further information, please contact the Commission of Veterans Affairs at (800) 344-9900 (in State) or (302) 739-2792.

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.

- ❑ Any veteran having at least a 60% service-connected disability (certified by the Veterans Administration);
- ❑ Or 65 years or older;
- ❑ Or blind

For more information, please call (302) 739-2792 or (800) 344-9900.

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 Ruth Ann Minner 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 12) along with a copy of veterans Certificate of Release or Discharge from Active Duty, (DD Form 214). **DO NOT SEND ORIGINAL.**

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 17 Riverdale Legion Post 28	945-7314
FEB 6 Commission of Vet Affairs	739-2792
FEB 12 Smyrna Legion Post 14	378-6329
FEB 14 Riverdale Legion Post 28	945-7314
MAR 7 Ocean View VFW Post 7234	539-9981
MAR 12 Smyrna Legion Post 14	378-6329
MAR 14 Riverdale 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 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. You may contact Ms. Bronov at

our Dover office, Monday-Friday, 8:30 AM – 4:30 PM, (302) 739-7447 or (800) 344-9900 (in State). *Please call for an appointment.* You may contact Ms. White at the Pyle State Service Center located in Roxanna, DE, Monday-Friday, 8:30 AM - 4:30 PM, (302) 732-9560. *Please call for an appointment.* DCVA also represents members of the following veterans organizations: The Retired Enlisted Association, Military Order of the Purple Heart, and the Marine Corps League.

MOBILE VETERANS SERVICE CENTER

Ms. White will be providing services for veterans from the mobile office at the following locations:

- JAN 22 Bethany Town Hall
- JAN 23 Georgetown Service Center
- JAN 29 Laurel Town Hall
- JAN 30 Fenwick Town Hall
- FEB 5 Bridgeville Town Hall
- FEB 6 Ocean View Town Hall
- FEB 12 Seaford Service Center
- FEB 13 Bethany Town Hall
- FEB 19 Georgetown Service Center
- FEB 20 Laurel Town Hall
- FEB 26 Fenwick Town Hall
- FEB 27 Bridgeville Town Hall
- MAR 5 Ocean View Town Hall
- MAR 6 Seaford Service Center
- MAR 12 Bethany Town Hall
- MAR 13 Georgetown Service Center
- MAR 19 Laurel Town Hall
- MAR 20 Fenwick Town Hall
- MAR 26 Bridgeville Town Hall
- MAR 27 Ocean View Town Hall

For more information, contact Ms. White at the Pyle State Service Center, (302) 732-9560.

VETERAN SERVICE ORGANIZATIONS
OUTREACH

American Legion

Darrell Johnson, Sr., Dept. Service Officer, (302) 633-5323, will visit the following posts between 9:00 AM and 1:00 PM on the following dates:

- JAN 16 Laurel, Post 19 875-9948
- FEB 6 Oak Orchard/Riverdale 945-1673

- Post 28 (8:00-12:00)
- FEB 13 Dover, Post 2 674-3922
- FEB 20 Seaford, Post 6 875-9948
- MAR 6 Oak Orchard/Riverdale 945-1673
Post 28 (8:00-12:00)
- MAR 13 Dover, Post 2 674-3922
- MAR 20 Laurel, Post 19 875-9948

Disabled American Veterans (DAV)

Charles Kashner and Paul Lardizzone, Department Service Officers (DAV).

- Every Tuesday: DAV Headquarters Building
& Wednesday 183 South Street
(Kent) 8:00-12:00 Camden, DE 19934
(302) 697-9061
- Every Thursday: Department of Labor
(Sussex) 8:00-12:00 Div. Of Emp & Trng
(302) 856-5230 600 N. DuPont Hwy.
Georgetown, DE 19947

Military Order of the Purple Heart (MOPH)

Richard Magner, National Service Officer, VA Regional Office, 1601 Kirkwood Hwy, Wilmington, DE 19805, (302) 633-5508.

Paralyzed Veterans of America (PVA)

VA Regional Office, 1601 Kirkwood Hwy, Room 26, Wilmington, DE 19805, (302) 633-5325 or (302) 633-5392.

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.

1ST Thursday

- Dover Armory (741-7516) 8:00-11:00 AM
- Milford VFW (422-4412) 1:30-4:00 PM

2nd Thursday

- Dover Armory (741-7516) 8:00-11:00 AM
- Milton VFW (684-4975) 1:30-4:00 PM

3rd Thursday

- Dover Armory (741-7516) 8:00-11:00 AM
- Rehoboth VFW (227-3469) 1:30-4:00 PM

4th Thursday

- Dover Armory (741-7516) 8:00-11:00 AM

Seaford VFW (629-3092) 1:30-4:00 PM
5th Thursday

Dover Armory (741-7516) 8:00-11:00 AM

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

EMPLOYMENT SERVICES

Al Barclift (Wilmington).....302-761-8093
Desiree Young (Newark).....302-453-4350 ext. 218
Mike Wolanski (VA Regional Ofc)....302-633-5492
Steve Flaherty (Dover).....302-739-5473
Charley Roberson (Dover AFB).....302-677-6942
Ron Bythwood (Dover).....302-739-5473
Bob Dotterer (Georgetown).....302-856-5230
Norris Townsend (Georgetown).....302-856-5230

RETIREE ACTIVITIES

Retired Activities Office

Bldg 520, Room 105, Dover AFB, DE 19902, (302) 677-4612.

Retired Navy Activities Affairs Office

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

VETERAN ORGANIZATIONS

American Legion.....302-633-5323
Disabled American Veterans.....302-633-5324
Military Order of the Purple Heart.....302-633-5508
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
.....302-994-2511
Veterans Outreach Center
(New Castle County).....302-633-5360
(Kent and Sussex Counties).....302-422-8011

COMMISSION OF VETERANS AFFAIRS

Commissioners may be reached by calling (800) 344-9900.
Bob Marcinkowski (Chairman).....TROA
Jim Thompson (Vice Chair)...Marine Corps League
Bob Barnett.....Jewish War Veterans
Cornelius "Bill" Carroll.....MOPH
Charles Farrell.....Korean War Veterans
Ruth B. Harden.....WAVES National
George K. Hastings.....MOWW
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
David W. Timberman.....DE/MD PVA
Robert E. Wasson.....Delaware Veterans
George Webb.....Vietnam Veterans of America

DELAWARE VETERANS

MEMORIAL CEMETERY

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

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_____

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 _____
First Middle Last

Address _____
Street City State Zip

Phone: Home _____ Work _____

Date Entered Service _____ Date Separated _____ Branch of Service _____

Date of Birth _____ Type of Discharge _____ Highest Rank Achieved _____
(only required if requesting rank on certificate)

LEGAL RESIDENT OF THE STATE OF DELAWARE

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

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

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

Delaware Commission of Veterans Affairs
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 _____

DCVA FORM 20-01-95-04-01

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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