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Texas Veterans Commission

Journal

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TEXAS VETERANS COMMISSION JOURNAL

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Nier Appointed as New TVC Executive Director

Herb Odell, TVC Chairman, recently announced the appointment of James E. Nier as Executive Director of the Texas Veterans, effective September 15, 1998. Mr. Nier replaces Douglas K. Brown who recently retired from the Commission.

James E. "Jim" Nier of El Paso, Texas assumed his position as Executive Director of the Texas Veterans Commission on September 15, 1998. He was previously the statewide Veterans Liaison for the Texas Veterans Land Board.

He entered the U. S. Army in 1959 and served for 22 years. Overseas tours of duty included Vietnam (1962 - 63) and Korea (1967 - 68). He served seven years with the Joint Chiefs of Staff (Command and Control) at the Alternate National Military Command Center, Fort Ritchie, Maryland. A graduate of the U.S. Army Sergeants Major Academy at Fort Bliss, Texas, his last assignment was as an instructor there until his retirement in 1981.

He attended night school while in the Army and received a Bachelor of Science Degree in Business and Finance in 1975 from Mount St. Mary's College and a Master's Degree in Management in 1977 from Frostburg State College, both in Maryland.

After retiring from the military, he was an Assistant Director

of Personnel, and later a Mathematics Instructor at El Paso Community College. In January 1987, he was selected to be the Director of the Veterans Assistance Office for El Paso County, a county with over 54,000 veterans.

A life member of the Veterans of Foreign Wars of the United States, he served as National Commander of its 2.1 million members from August 1996 to August 1997. He was the third Texan to be elected to that high office.

He is also a member of the Disabled American Veterans, AMVETS, The American Legion, Vietnam Veterans of America, Non-Commissioned Officers Association, The Retired Enlisted Association, National Association of Uniformed Services, and several other organizations and coalitions. He was named "Veteran of the Year" in 1987 - 88 by the United American Veterans Organization of El Paso and has received numerous awards from Veterans Service Organizations and County, State, and Federal officials.

He and his wife Kimmy have four children and four grandchildren. Their son John is serving in the U. S. Army and son Billy is serving in the U. S. Air Force. The Niers reside in El Paso.

Welcome aboard, Jim. We look forward to working with you at the Commission.

October 27 Deadline for Bidding on Forfeited State Land

A catalogue listing 220 tracts of forfeited state land reserved exclusively for bids from Texas veterans is now available from the Texas Veterans Land Board (VLB). Bids will be opened on October 27, 1998 at 1:00 p.m.

The catalogue, which contains bidding instructions and detailed description of each tract, can be ordered by calling 1-800-252-8387.

Located in 97 Texas counties, the tracts range in size from five to 100 acres.

The tracts, known as Type I tracts, can be purchased with no down payment. Bids are restricted to eligible Texas veterans.

The VLB will finance the entire loan amount of all winning bids. There is no limit on the amount loaned or on the number of tracts that an individual can bid on. However, eligible Texas veterans are limited to one purchase in the sale.

Tracts not sold in the October sale will be offered to both veterans and non-

veterans through local real estate agents.

Texas veterans will receive a 7.64 percent interest rate with a 30-year assumable fixed-rate loan. A \$25 non-refundable fee for each bid is required.

The sale will be by sealed bid only, with a minimum bid set by the board. All bids must be received by October 27 at 1:00 p.m. Details of the sale can be obtained by calling 1-800-252-8387.★

Korean War 50th Anniversary Commemorative Program

The U.S. Defense Department has established a 50th Anniversary of the Korean War Commemorative Committee with offices at 1213 Jefferson Davis Hwy., Suite 702, Arlington, Virginia 22202-4303; to plan for the occasion and promote community participation all across the country. This is the same organizational arrangement created by the Defense Department almost a decade ago to plan for the highly successful commemoration programs for World War II.

The purpose of the Korean War commemoration program, just as it was for World War II, is to honor the Korean War veterans, their family members, especially those families who lost loved ones and those who supported the war; provide Americans with a clear understanding of and appreciation for the lessons and history of the Korean War; and educate every generation of Americans on the historical impact of the Korean War in preserving peace, freedom and prosperity.

Civilian, veteran and military groups can get their communities designated Commemorative Communities (C2) very easily. All they need to do is agree to develop annual programs and host a

minimum of three (3) events each year beginning in 2000 and ending in 2003 to honor veterans and their families and educate the public about the role of the military and civilian contributions during the Korean War. This is, in essence, a grassroots program with a goal of reaching veterans everywhere across America.

This is all that is involved: file an application which outlines your group's commemorative plans, and provide activity reports following each event or activity. The national office of the Commemoration Committee will provide C2's with background, educational and historical information they can use to get their local schools involved and to assist educators in teaching the history of this era and lay the groundwork for educating future generations. We often hear complaints that the schools are not doing enough to teach young people about what happened in America's wars so here is a good opportunity to start turning things around for the better.

Possible activities which your local committee can do once you have a C2 designation is commemorate key historical events and dates of the Korean War;

publish service, unit, ship or activity history brochures; dedicate or rededicate an armory, Reserve Center, or other facility to honor Korean War veterans; participate in local parades with color guard or marching units in Korean War uniforms; develop Korean War themes for graduation ceremonies, balls festivals, races, runs organization days; organize volunteer groups, military and civilian, to visit veterans homes, hospitals and assist schools with Korean War commemorative and education programs.

A Korean War Commemorative Community (C2) has a number of entitlements. It will receive a certificate of designation from the Secretary of Defense; a very attractive Korean War Commemorative Flag to display; and the 50th Anniversary of the Korean War logo to use. Each member of the local committee will receive and is authorized to wear a leadership pin.

For further details and to get the necessary forms for filing an application to designate your community for this program, contact the Korean War Commemorative Committee in Arlington, Virginia (see address in first paragraph of this article.)★

TX Veterans' Nursing Homes Update

The Blue Ribbon Advisory Group (BRAG) advised that items completed this summer include:

- ◆ The contract was signed by The Park Associates and the Texas Veterans Land Board (VLB) to design, build and operate all four nursing home sites. Rees and Associates of Dallas and MW Builders of Temple are the architectural and construction subcontractors.
- ◆ Graeber, Simmons and Cowan of Austin signed on as the Board's design and construction oversight firm.
- ◆ Five team meetings moderated by Michael Petty of Graeber have been held so far. These meetings are held every Wednesday at 10:00 am at the Stephen F. Austin Building and for now are focused on the VA deadline for design, construction and cost-estimate documents. But in a broader sense, the meetings are a partnering approach to the design, building and operation phases.
- ◆ Groundbreaking ceremonies were held in Temple, Floresville, Bonham, and Big Spring.
- ◆ An Alert List has been established in the VLB Information Center to take the names, addresses and phone numbers of those who are interested in admission to one of the Homes and want to be notified when opening is imminent. The Information Center can be reached at 1-800-252-8387.

For further information on the veterans' homes, please contact George Ellis, VLB, at (512) 463-5043.★

VA's National Cemetery System Commemorates 25th Anniversary

The Department of Veterans Affairs (VA) National Cemetery System (NCS) observed its 25th anniversary in September with special events at VA headquarters and national cemeteries nationwide. The theme of the anniversary — "Pride in Our Past, Focusing on the Future" — reflects the ongoing commitment of VA employees to honor America's veterans and their families.

The NCS was created September 1, 1973, under Public Law 93-43, which authorized the transfer of 82 national cemeteries and the government's headstone and marker program from the Department of the Army to the then Veterans Administration. Those Army cemeteries were added to 21 cemeteries already administered by VA.

The law recognized that burial in a national cemetery is a permanent expression of the American people to recognize and pay respect to those who have honorably served in the U.S. armed forces. It called for "a National Cemetery System for the interment of deceased servicemen and veterans" and declared that "all national and other veterans' cemeteries in the (system)...shall be considered national shrines as a tribute to our gallant dead."

In the 25 years since the law's enactment, the system has grown from 103 national cemeteries to 115, most of which were originally developed in response to the Civil War. Four new national cemeteries are scheduled to open next year in Texas,

Illinois, New York and Ohio. These four new cemeteries will provide additional service to more than two million veterans and will increase the system's total acreage to about 13,200, more than tripling its original size of 4,260 acres in 1973.

Since VA began administering the NCS, the number of gravesites maintained has risen from 1.2 million to more than 2.2 million and the annual interments have doubled from 36,422 to 73,000. More than 6.3 million headstones and markers have been provided by the NCS since 1973. The Presidential Memorial Certificates program, initiated in 1962 by President Kennedy, has been responsible for the delivery of more than 2.3 million certificates to the next of kin in thousands of locations around the world.

Veterans with discharges other than dishonorable, their spouses and dependent children are eligible for burial in a VA national cemetery. VA also provides grave markers or headstones for the unmarked graves of eligible veterans even if they are not buried in a national cemetery. VA does not reserve space in national cemeteries prior to the time of need. Information on VA burial benefits is available from national cemetery offices, VA regional offices, any Texas Veterans Commission Office or the Veterans County Service Office near you. Check the government pages in your local telephone book for office locations and telephone numbers, or e-mail us at: texas.veterans.commission@tvc.state.tx.us for locations.★

Testing for Plutonium in Atomic Veterans

Beginning July 1, 1998, veterans who participated in atmospheric nuclear tests, or the occupation of Hiroshima or Nagasaki, Japan, are eligible to have their urine tested for the presence of plutonium. Plutonium is the only radioactive material, of the hundreds of radioactive materials released in nuclear explosions, that can be measured in the human body years after it enters the body (in this case through food or inhalation). This is a voluntary program, but all eligible veterans are encouraged to participate.

To confirm eligibility, acquire more information, or request testing, contact the Nuclear Test Personnel Review Program (NTPR) at 1-800-462-3683.

Eligible veterans who request and consent to this test, which is called a bioassay test, will receive materials for self-collection of a 24-hour urine specimen at their own convenience (i.e., home or other desired place). The local VA medical facility will package and ship veterans' urine samples to Brookhaven National Laboratory for analysis. The NTPR Program will report the results of the bioassay to each participant.

VA states that it expects few veterans to test positive for more than the background level of plutonium (believe it or not, we all have some minute levels of plutonium in or bodies from the environment).

Although VA also states that, at this time, bioassay testing provides no useful medical information, any positive result should be taken seriously.

If a veteran who tests positive has filed a claim for disabilities related to ionizing radiation exposure, then the positive test results should be submitted as new evidence in support of the claim. If they have not filed a claim, they should be advised to consult with their own or a VA physician concerning a possible relationship between radiation exposure and any current medical condition.★

Nancy Smith, Program Support Assistant at the Lufkin VA Outpatient Clinic has been chosen for the "Outstanding VA Employee of the Month" for September 1998.

Nancy has been an employee of the Lufkin facility since November 1994.

Nancy has proven herself as a true advocate of veterans services. She goes the extra mile and her concern and interest in veterans and their families is exemplary and well appreciated. She is always courteous to all those she comes in contact with.

Nancy has been instrumental in her assistance to the Texas Veterans Commission office at the Lufkin VA Outpatient Clinic. We are honored and pleased to name Nancy the "Outstanding VA Employee of the Month" for September 1998.★



Billing for Medical Services

Part of the revisions of the Veterans Health Care Eligibility Reform Act of 1996, (PL 104-262), was renewed emphasis on the collection of co-payments due for services rendered at VA health-care facilities. These revisions will make collections available to the VISN for expanding available health-care services instead of returning them to the Treasury as general revenues.

Since the impetus for this change originated in October 1996, the VA General Counsel determined that billing should address all outstanding medical debts over \$25 (cumulatively) dating to July 1990. This created problems for veterans who had forgotten their debts.

The collection efforts originate from each VA medical facility's Medical Care Cost Recovery (MCCR) office. This office mailed a series of three letters identifying the debt and requesting payment. The three letters constitute the due process portion of the collection effort. If the MCCR receives no request of a waiver,

negotiation of a payment plan or full payment of the debt., the debt is forwarded to the St. Paul VA Office for collection. If the veteran in debt and the MCCR do not negotiate a repayment plan and if the veteran receives VA monetary benefits, the St. Paul office will withhold all benefits until the debt is repaid in full. This transfer of the debt creates problems because the veteran gets the *No Pay Due* notice from St. Paul, not from the local office where the debt originated. In addition, since VA currently has no coding system for medical debts, it codes them with the same system it uses for educational debts. This recycled coding causes further confusion if the veteran makes an inquiry about his or her specific debt.

Veterans must direct requests for Waiver of Payment for medical services and Repayment Plans to the Billing Medical Facility's MCCR office. The Waiver and Repayment Plan processes are identical to the process of Overpayments. Veterans should submit these requests for Waiver and/

or Repayment Plans as soon as they receive bills from a VA medical facility. Requests should include a Financial Status Report (VA 20-5655). Veterans should send a copy of the request to St. Paul to stop potential withholdings.

Whether the notices mailed by MCCR meet Due Process requirements is questionable, but VA is proceeding as if these notices are legal. Regardless, veterans should still pursue Waivers, Hearings and Repayment plans since not doing so will result in a decreased or stopped benefit check, no matter how the veteran feels about the billing procedures.

The key point to remember is that on a medical bill the veteran has the same rights to Waiver, Appeal and Repayment plans as for any "Overpayment." The point of contact is the MCCR of the billing VA medical facility, but the St. Paul office will collect if the veteran takes no action when he or she receives a bill.★

Contributed by Wolf Biedenfeld, TVC Staff

Air Force Team Solicits Assistance with Latest Gulf War Registry Update

The Air Force's Gulf War Declassification Team is looking for help from Gulf War veterans in completing the Gulf War Personnel Registry of all Air Force Members who deployed to the Kuwaiti Theatre of Operations. This includes all veterans who were aircrew members and flew within, into or conducted missions over the operations area, from August 1990 to December 1991.

The registry is based on information provided by each of the armed services after the war. Investigators at the Office of the Special Assistant for Gulf War illnesses say this database helps identify service members who were within the AOR and were possibly exposed to chemical agents or oilwell fire fumes.

Service members who were in theater between August 1990 and December

1991 should send as many of the following documents as possible to the address below:

- ◆ deployment/CEM orders (both sides)
- ◆ flight orders (please note assigned base if only on flights to or over the operations area)
- ◆ awards or citations (not orders)
- ◆ travel vouchers
- ◆ tour certification
- ◆ DD Form 214 (Certificate of Release or Discharge from Active Duty)
- ◆ AF Form 77 (Supplemental Evaluation Sheet)
- ◆ EPR/OPRs

Include the following information with these documents:

Full name, social security number, and date of birth, duty status during the deployment (active, Reserve, National Guard), primary and deploying AFSCs,

pay grade at the end of the deployment, and most importantly, deployed unit name and *exact* deployment location(s)/dates in-theater.

Also, please indicate if other members listed on your orders deployed with you to the same location, a different location, or if they did not deploy at all.

Please include a current address, phone number and/or e-mail address for future contact.

Send information: SAF/AZG c/o AFRHA 600 Chennault Circle, Maxwell AFB, AL 36112-6424 Fax DSN: 493-6356 or comm: 334-953-6356

For questions, call Jim Milster at DSN: 493-6751/6378 or comm: 334-953-6751/6378.★

VA and HHS Create Year 2000 Biomedical Equipment Clearinghouse

The Department of Veterans Affairs (VA) and Health and Human Services (HHS) are establishing an on-line database to provide health care providers and their patients with timely information about the potential impact of the Year 2000 date change on specific biomedical equipment.

"This clearinghouse will provide timely and easily obtainable information about medical devices that health care practitioners, medical treatment facilities and consumers may use and/or manage," said VA Under Secretary for Health Dr. Kenneth W. Kizer.

Said HHS Deputy Secretary Kevin L. Thurm, "The clearinghouse is key to meeting government's vital mission to provide much needed information and to help ensure patient health and safety."

Under an interagency agreement, VA and HHS will establish the Federal Y2K Biomedical Clearinghouse as an on-line database on an Internet web site operated and maintained by the Food and Drug Administration (FDA). The web site address is: <http://www.fda.gov/cdrh/yr2000/y2000>. Data included in the clearinghouse will be restricted to publicly releasable information provided directly by manufacturers to the members of the clearinghouse.

There are approximately 13, 000 medical device manufacturers. The database will serve to identify which equipment is unaffected by the date change and which equipment have problems ranging from display of an incorrect date to device failure on January 1, 2000.

The agreement calls for VA and HHS to serve as strategic partners of the clearinghouse, providing input and recommendation to technical partners FDA and the Veterans Health Administration, who are responsible for the design, development, implementation and maintenance of the clearinghouse.

Kizer and members of the National Patient Safety Partnership first called for the clearinghouse in a July 9 news conference. The partnership -- a voluntary public-private group of health care organizations established to improve patient safety by reducing preventable adverse events and untoward outcomes of health care or health care related processes -- held the news conference to increase consumer and manufacturer awareness of the need for appropriate measures to alleviate potential risks.

Over the past year, VA has led the way in identifying Year 2000 impact on biomedical equipment, having solicited data from 1,500 manufacturers of equipment used in VA health care facilities as many as four times and taking steps to ensure fixes are completed well before January 1, 2000.

At the same time, FDA has operated a Year 2000 web site for biomedical equipment since March. So far, some 2,400 manufacturers have supplied Year 2000 information to the database.

"The new, expanded web site will be of immense benefit to our nation's health care providers and consumers," said acting FDA Commissioner Michael Friedman.★

Stay Lifted on Adjudication on Claims Based on Tobacco Use

On May 22, 1998, Congress passed H.R. 2400, the "Transportation Equity Act for the 21st Century" (TEA 21). The President signed this bill into law on June 9, 1998, as Public Law No. 105-178. Section 8202 of TEA 21 amended 38 U.S.C. §§ 1110 and 1131 to preclude payment of compensation for disability resulting from a tobacco-related disease or injury which became manifest during a veteran's military service or to the requisite degree of disability during a presumptive period specified in 38 U.S.C. §§ 1112 or 1116.

The VA Acting General Counsel recommended on June 9, 1998, that the Board of Veterans' Appeals (the Board or BVA) impose a moratorium on adjudication of claims involving tobacco use during active service because of pending legislative proposals that could alter the provisions of TEA 21 regarding such claims.

On July 22, 1998, the President signed the "Internal Revenue Service Restructuring and Reform Act of 1998" (IRS Reform Act) into law as Public Law No. 105-206. In pertinent part, the IRS Reform Act strikes out section 8202 of the TEA 21 provisions and inserts a new section which prohibits service connection of a death or disability on the basis that it resulted from an injury or disease attributable to the use of tobacco products by a veteran during the veteran's service. 112 Stat. 685, 865-66 (1998) (to be codified at 38 U.S.C. § 1103). The new section 1103 does not preclude establishment of service connection based upon a finding that a disease or injury

became manifest or was aggravated during active service or became manifest to the requisite degree of disability during any applicable presumptive period specified in 38 U.S.C. §§ 1112 or 1116. New section 1103 applies only to claims filed after June 9, 1998, and does not affect veterans and survivors currently receiving benefits nor veterans and survivors who filed claims on or before June 9, 1998.

The VA Acting General Counsel recommended on July 30, 1998, that the Board resume adjudication of claims involving tobacco use during active service.

BOARD STAY PROCEDURES:

BVA Chairman's Memorandum No. 01-98-20 established procedures for effecting the stay. Cases containing affected issues which were not the only issues before the Board were to be completed as to the other issues and dispatched. Such multiple issue cases and all single issue cases subject to the stay were to be sent to the Decision Team's Legal Assistant for entry of the tobacco claims into VACOLS and then to the Administrative Service for handling of the briefcase and return of the claims folders to the appropriate AOJs.

PROCEDURES:

All cases involving issues that are subject to the stay will be promptly recalled from the AOJs and will be redistributed to the Board members to whom they are assigned.★

Training for Newly Appointed CSO's

From January 19 to 22, 1999, the Commission will conduct a Training Session for newly appointed Veterans County Service Officers (CSO's and Assistants) at the Marriot Residence Inn, Houston Astrodome, 7710 S. Main Street, Houston, Texas. By law, the Commission may pay all expenses for those duly appointed CSO's and Assistants who have not yet attended this Training.



Members of service organizations and others who are active in veterans' advocacy are also invited to attend on a space-available basis. If you would like to attend, please contact Richard M. Prete, TVC Austin at (512) 463-5538. CSO's may contact him on the CSO WATS Line.

Monday, January 15, 1999, is designated as the travel day, with the training beginning at 9:00 a.m., Tuesday, January 19, and ending at noon, Friday, January 22. Training will include tours of the VA Regional Office and Medical Center in Houston.

VA Blind Rehabilitation Program Celebrates 50 Years of Service

From nine beds at the Hines, Illinois VA Medical Center in 1948 when VA took over the rehabilitation of blinded military veterans from the Army, the Blind Rehabilitation Service has grown to nine Blind Rehabilitation Centers across the country with the world's most advanced training.

The 50th anniversary of VA Blind Rehabilitation Service was celebrated this summer. In those 50 years, VA has grown to become a world leader in the development of training for the blind. It also has been a leader in developing technology to assist them.

It was on the Fourth of July in 1948 that VA took over the rehabilitation of blinded military veterans from the Army. Initially, the VA's blind rehabilitation program consisted of nine beds at the Hines hospital.

Today VA has nine Blind Rehabilitation Centers across the country led by staffs offering the world's most advanced training.

More than 300 specialists and support staff at the nine centers train 1,600 blinded veterans a year, teaching them to move and work with greater confidence. During its 50-year history, the blind center network has trained more than 23,000 veterans.

"VA is the world's leader in blind rehabilitation today," says Don Garner, director of the Blind Rehabilitation Service.

As head of the VA program, Garner is an informed, but not impartial, source. His opinion is shared, however, by others knowledgeable in the field.

"VA is truly the pioneer and internationally acknowledged leader in the field of comprehensive residential blind rehabilitation," says Thomas H. Miller, executive director of the Blinded Veterans Association.

INTERNATIONAL RECOGNITION

Foreign countries send a steady stream of visitors to VA centers to keep abreast of the latest in rehabilitation techniques. And VA teams are regularly invited to foreign countries to advise nations on their programs for the blind.

After the first center opened in Hines, VA developed centers at Palo Alto, Calif., in 1967; West Haven, Conn., in 1969; American Lake, Wash., in 1971; Waco, Texas, in 1974; Birmingham, Ala., in 1982; San Juan, P.R., in 1990; Tuscon, Ariz., in 1994; and Augusta, GA., in 1996.

The three smaller centers at American Lake, Waco and Augusta operate 15 beds each; the larger centers have 32 to 34 beds. West Haven has 45 beds and San Juan has 10.

Also, in 1995 VA established 15 sites where blind rehabilitation outpatient specialists provide assessments of blinded patients before and after they receive center training. These specialists work with as many as 900 veterans a year.

TEAM COORDINATORS

A network of full- and part-time coordinators on more than 100 Visual Impairment Services Teams refer blinded veterans to the rehabilitation centers.

At every VA medical center these coordinators direct and address yearly health exams, reviewing benefits and addressing the needs of blinded veterans.

But even with the present network of rehabilitation centers, outpatient specialists and visual impairment services coordinators; there are more than 1,800 blind veterans on the waiting list for rehabilitation.

Even in peacetime, the VA Blind Rehabilitation Network operates at full capacity. The incidence of blindness increases as the veteran population ages. The skills of veterans become rusty and require refresher training. As new equipment is developed, additional training is necessary. And even during peacetime, accidents and disease result in casualties.

COMPUTER TRAINING

The latest addition to the blind curriculum is computer access training, which acquaints the veteran with computers designed to assist the blinded. Other recent technical developments include:

- ♦ Optical character recognition technology, which has resulted in a variety of machines that read print out loud.
- ♦ Head-worn devices that emit sonar waves, which can be interpreted by the sound, they emit to guide walking veterans.
- ♦ Chest-worn devices that emit signals to guide patients in wheeling chairs.
- ♦ Laser canes equipped with sensors to warn veterans of obstacles.

When the VA blind program began in 1948, the focus was on teaching all veterans as if they were totally blind. The average state at a center was 16 to 18 weeks.

That changed in the 1960s, when the program began to treat different levels of vision. By the mid-70s, teaching skills to low-vision veterans was a growing part of the program, and the average length of stay was reduced to 10 to 12 weeks.

That average continued to decrease as programs were designed for veterans with varying degrees of blindness. Today, the average stay at a center is six to eight weeks.

INNOVATIVE ASSISTANCE

Director Garner's career is reflected in the changes in blind rehabilitation at VA over the past 22 years.

(See "VA Blind Rehabilitation Program..." on Page 9

VA Blind Rehabilitation Program . . . (Continued from Page 8)

In 1976, he was named the first chief of the West Haven center. While at West Haven, he developed the first VA optometry residency with the New England College of Optometry. Then, in 1979, he was selected national director and brought to Washington.

The more significant advances made during his tenure included:

- ◆ The establishment of full-time coordinator positions.
- ◆ The opening of four blind rehabilitation centers, which allowed for the training of an additional 600 blinded veterans each year.
- ◆ The development of computer access training at the five larger centers, which have the capacity of training more than 200 veterans a year.
- ◆ Creating the position of blind rehabilitation outpatient specialist to reduce the residential centers' waiting lists, shorten length of stay and serve veterans who might not be served for health or other extenuating reasons.

Garner also promoted the concept of retraining veterans who had already been through the program.

Since 1979, Garner has led VA to cooperate with a number of

universities to train rehabilitation specialists in blind rehabilitation at the master's degree level.

During this period, more than 1,100 university instructors have received clinical intern training at a VA blind rehabilitation center.

There is no question about the critical nature of the blind program at VA. The Veterans Eligibility Reform Act of 1996 named four VA special disability programs that must be maintained for the treatment of veterans.

In addition to blind rehabilitation, essentials listed in the law are spinal cord, mental health and prosthetics.

"Our goal," says Garner, "is to guide each veteran through a training program that leads to maximum adjustment to blindness and makes every veteran a contributing individual in the family and community."

"Though VA blind rehabilitation is celebrating 50 years of service, our job has really only just begun."★

By Bonner Day, Vanguard, July/August 1998

★ ★ ★ TEXAS VETERANS LAND BOARD ★ ★ ★

Interest Rates (Effective October 1, 1998)

ALL RATES ARE SUBJECT TO CHANGE

ALL LOANS ARE SUBJECT TO CREDIT APPROVAL

★ ★ VETERANS HOUSING ASSISTANCE PROGRAM ★ ★

Rates for eligible Texas Veterans who entered the armed services before January 1, 1977, and who have been discharged from active duty for fewer than 30 year:

LENDER LOANS

(Loans \$45,000 or more)

Maximum \$45,000 at 5.75% for 15 years term or
Maximum \$45,000 at 6.25% for 20, 25 or 30 year term

VETERANS LAND BOARD DIRECT LOANS

(Loans \$45,000 or less)

Maximum \$45,000 at 5.925% for 15 year term, or
Maximum \$45,000 at 6.425% for 20, 25 or 30 year term

Rates for all other eligible Texas veterans who entered the service after December 31, 1976, or applied after 30 years of discharge; Reservists; Texas National Guard Members; and eligible widows:

LENDER LOANS

(Loans \$45,000 or more)

Maximum \$45,000 at 6.65% for 15 year term, or
Maximum \$45,000 at 7.15% for 20, 25 or 30 year term

VETERANS LAND BOARD DIRECT LOANS

(Loans \$45,000 or less)

Maximum \$45,000 at 6.825% for 15 year term, or
Maximum \$45,000 at 7.325% for 20, 25, or 30 year term

★ ★ VETERANS HOME IMPROVEMENT PROGRAM ★ ★

*All Eligible Texas Veterans Direct Veterans Land Board Loans - ONLY
Maximum \$25,000 at 7.25% for up to 20 years (Plus 0.50% for FHA Insurance)*

★ ★ VETERANS LAND PROGRAM ★ ★

All Eligible Texas Veterans

Standard \$20,000 Maximum Loan Program, 5% minimum down payment, 30 year term at 6.65%
Enhanced \$40,000 Maximum Loan Program, 5% minimum down payment, 30 year term at 7.75%

★ **CALL TOLL-FREE 1-800-252-VETS FOR FURTHER INFORMATION** ★

Senior Scams: Advice from the TX Attorney General's Office

With today's environment of computers and telemarketers, we have to be on our guard more than ever according to Hall Martin, Triad Coordinator, Consumer Education and Elder Outreach for the Texas Attorney General's office in Dallas, Texas. At a recent public forum held at the Main Library in Dallas, hosted by librarian Jeri Baker, it became apparent that the number of scams out there is increasing all the time. The best solution to most scams is right at our fingertips — HANG UP THE PHONE. You are not being rude when you hang up the phone on a telemarketing scammer. "You have to be extremely careful," said Martin. Here are a few simple rules to follow:

1. NEVER give your credit card or bank account number to someone on the phone if you did not initiate the call.
2. Always get references. Check with the Better Business Bureau — Attorney General's Office or the National Fraud Hotline.
3. Watch what you throw away. Your trash, once placed for collection, is available for anyone to go through and find credit card or social security numbers. You should always tear or shred any documents that have account numbers on them.

Another sound piece of advice is on your home answering machine. The message needs to say something on the order of "we" or "so and so's residence", not "I." Your answering machine message can tell a lot. You should never tell a telemarketer that you live alone. They play on emotions and are very good at what they do, which is usually take a lot of your money and in return they give you a lot of grief. The list of scams that are around goes on and on, but here are some of the hot current ones.

- ◆ PSYCHIC HOTLINES: From a free call to charging usually \$2 to \$4 a minutes.
- ◆ BANK EXAMINER: Someone contacts you about withdrawing money from you account so that they

can track it, usually saying an employee is stealing money and they're trying to catch them (Hint: They're the crook!).

- ◆ NIGERIAN LETTER: Wanting help getting money out the country. They will offer you a percentage of the money for your help. All you have to do is give them your bank account information so they can transfer money into your account (Remember rule #1).
- ◆ PRICE SWEEPSTAKES: If you have to pay a processing, handling, packaging or any other type of fee, then you did not win you! You are probably being scammed!
- ◆ HOME REPAIR: Be extremely careful! Get and call references and the BBB. If you get scammed, you will probably be hit again within 6 to 8 weeks.
- ◆ CHARITIES: Be very, very careful. Be sure to ask what percentage actually goes to the named charity. It is not uncommon for telemarketing companies to keep 70-90% of the monies. There are over 140 charities in the US with the name "cancer" in it. Make sure of who you're talking to.
- ◆ RECOVERY SCHEMES: They promise to recover you money that has been scammed. Guess what? It's also a scam!

This is not all that is out there, but hopefully it will help you be on guard. Being careful is always good advice. Something to remember is that *if it sounds too good to be true, it's probably a scam!* Most public libraries have several publications on personal, consumer and home safety. Just ask your librarian for assistance. If you have any questions, need assistance or think you have been scammed, you can contact in Texas: The Attorney General's Office in Austin at 512/463-2100; or any local Attorney General's office. You may also contact the National Fraud Hotline at 1-800-876-7060. If you do not live in Texas, contact your state's attorney general's office or the National Hotline listed above.★

Article courtesy of The Texas Attorney General's Office

VA Assists French Effort to Bestow Legion of Honor on WWI Vets

The Department of Veterans Affairs (VA) is assisting France in its effort to bestow the National Order of the Legion of Honor — that country's highest honor — to surviving members of the U.S. armed forces who fought on French soil during World War I.

"We will use all our available means to assist French President Jacques Chirac in identifying and notifying those American World War I veterans eligible for this honor," said Secretary of Veterans Affairs Togo D. West, Jr. Secretary West

recently sent a letter and an application for the medal to each of the approximately 900 World War I veterans receiving VA benefits.

There are an estimated 3,200 living U.S. World War I veterans, half of whom are believed to have served in France during the war. The Legion of Honor will not be given posthumously to U.S. veterans.

President Chirac instituted the campaign to honor the remaining survivors of the

allied forces who served in France in conjunction with the commemoration of the 80th anniversary of the World War I armistice on November 11, 1998.

Applications must be sent by veterans or their representatives directly to the French Embassy in Washington. While VA will assist the French Embassy in verifying and authenticating veterans' records of service, the French government will make final determinations on the awarding of the Legion of Honor.★

Gulf War Inpatient Hospital Medical Health Records

A new service for Gulf War veterans is now available from the Department of Defense which will give thousands of these veterans access to their inpatient Hospital Medical Health Record for the first time. This could have an impact on the denial rate of Gulf War veterans' VA disability compensation claims. Veterans can call 1-800-497-6261 to find out if their inpatient treatment records have been accounted for and to obtain the paperwork necessary to request a copy of their records from the National Personnel Records Center.

Thousands of Gulf War veterans have been informed that their medical records from the Gulf War were lost or destroyed. The Office of the Special Assistant for Gulf War Illnesses, headed by Dr. Bernard Rostker, initiated an investigation of these missing records in January 1998.

Military health records fall into two categories: the individual health record that accompanies the service member throughout his/her military career and the inpatient (clinical) treatment record.

The inpatient treatment record is created by the admitting hospital and documents all care received by a patient while in the hospital. After being discharged from a military hospital, normally, a summary of care received is also filed with the patient's individual health record.

Most units deployed to the Persian Gulf Theater in 1990-91 did not deploy with individual health records. Temporary records were created as individuals sought care at the unit level (e.g., the Battalion Aid Station). These "temp jackets" usually did not accompany the soldier if they were evacuated to one of the dozens of hospitals set up in the theater. Consequently, documentation of inpatient care never made it to the member's temporary or permanent outpatient record. Following the war, inpatient records were sent to the National Personal Records Center (NPRC) in St. Louis, Missouri, and were stored by the name of the hospital and month and year of treatment, not by the veteran's name and social security number. Veterans are now left to recall the name of the facility that treated them and the date of

care in order to request a copy of their records. As you can imagine, most sick Gulf War veterans didn't realize the tent they were being treated in was a "hospital" and that it has a name, no less.

The services, at the urging of Dr. Rostker, have created an electronic database cross-referencing patient name, and social security number with the admitting hospital and dates for over 17,500 hospital inpatient treatment records from U.S. military medical facilities in the Gulf. The process of identifying and inventorying records is an ongoing program.

Dr. Rostker's office will assist veterans in requesting copies of their treatment records for hospitalization that occurred in the Persian Gulf from August 1990 to August 1991. Veterans may call toll-free 1-800-497-6261 to find out if their inpatient treatment record is in the database and to obtain the paperwork necessary to request a copy of their records from the NPRC.★

Contributed by Martin Villarreal, TVC Staff

The "Outstanding VA Employee of the Month" for October is Robert Blake, File Clerk, VA Regional Office in Waco, Texas.

Robert began his employment with VA in March 1997. Robert responds to special requests by the service officers on a timely and courteous basis. He regularly goes above and beyond to help veterans' service officers and co-workers. His caring and friendly attitude makes him a real pleasure to work with.

Prior to coming to VA, Robert served 28 years in the U.S Air Force, the majority of that time spent in Search and Rescue, with 13 months in Vietnam. He finished his military service as a Career Advisor. Robert is married and has five children and three grandchildren.

In his capacity as a file clerk, Robert is always willing to assist the service organizations and the TVC in any way possible. The Texas Veterans Commission is proud to recognize Robert Blake as the "Outstanding VA Employee of the Month" for October 1998.★



New Regulations/Amendments of 38 U.S.C. 1151 Claims

Previously section 1151 of 38 U.S.C. authorized compensation or DIC for any additional disability or death of a veteran which did not result from the veteran's own willful misconduct but which did result from an injury or aggravation of an injury as the result of hospitalization, medical or surgical treatment or the pursuit of a course of vocational rehabilitation under any of the laws administered by the VA or as a result of having submitted to an examination under any such law.

The new regulations/amendments 3.361 through 3.363 apply to claims received by the VA on or after October 1, 1997.

Claims filed on or after October 1, 1997, are determined by the new amended 38 U.S.C. 1151 which authorizes an award of compensation or dependency and indemnity compensation for a veteran's "qualifying additional disability" or "qualifying death." As amended, an additional disability or death qualifies for compensation or DIC if it (1) was not the result of the veteran's willful misconduct; (2) was caused by hospital care, medical or surgical treatment, or examination furnished the veteran under any law administered by VA, either by a VA employee or in a VA facility; and (3) was **proximately** caused by carelessness, negligence, lack of proper skill, error in judgement or instance of fault on VA's part in furnishing the care, treatment, or examination or by an event **not reasonably foreseeable**. An additional disability or death also qualifies for benefits if it was not the result of the veteran's willful misconduct and was **proximately** caused by VA's provision of training and rehabilitation services as part of an approved rehabilitation program under 38 U.S.C. Chapter 31.

VA is applying a new uniform standard in the adjudication of claims under 38 U.S.C. 1151 (3.361 (d)(1)(i) whereas VA is interpreting 38 U.S.C. 1151 as providing entitlement to benefits if VA is furnishing hospital care, medical or surgical treatment, or examination; fails to exercise the degree of care that would be expected of a reasonable health care provider in furnishing hospital care, medical or surgical treatment, or examination. In addition it states in sec. 3.361 (d)(2) that we leave to the fact finder in each chain the determination as to whether the **proximate** cause of a veteran's additional disability or death was an event not reasonably foreseeable, and for the fact finder, in making that determination, to apply the **standard of**

what a reasonable health care provider would have foreseen. I do not know what the "standard" is nor was I able to locate a definition.

New section 3.361 (f)(1) excludes hospital care or medical services furnished pursuant to a contract made under 38 U.S.C. 1703 because, under section 1703's terms, such care or services are furnished in a non-department facility, and the day to day operations of such a facility's employees are not subject to the Secretary's supervision. Examples of such are: (1) Hospital care or medical services furnished under a contract made under 38 U.S.C. 1703; (2) Nursing home care furnished under 38 U.S.C. 1720; (3) Hospital care or medical services, including examination provided under 38 U.S.C. 8153 in a facility over which the Secretary does not have jurisdiction (example) contract outpatient.

Section 3.361 (f)(2) excludes nursing home care furnished under 38 U.S.C. 1720 and section 3.361 (f)(3) excludes only such care and services in fact not provided in a VA facility.

Section 3.362 (b) deals with the amount of a tort recovery to be offset from a veteran's compensation awarded. Section 3.362(c) deals with the amount of a tort recovery to be offset from a survivor's DIC awarded. Any amount received by a claimant as damages under a typical "wrongful death statute" may be offset from a DIC award under 38 U.S.C. 1151, even if the amount is paid to a nominal part as trustee for the veteran's survivors.

Section 3.363 deals with bar to benefits under 1151, whereas if a veteran's disability or death was the basis of an administrative award under 28 U.S.C. 1346 (b) made, or a settlement or compromise under 28 U.S.C. 2672 or 2677 finalized, before December 1, 1962, "VA may not" award benefits under 38 U.S.C. 1151 for any period after such award, settlement, or compromise was made or became final. However, if such disability or death was the basis for judgement that became final prior to December 1, 1962, VA may award benefits under 1151.

The above changes to 1151 benefits became effective October 1, 1997, and are effective for all claims filed on or after October 1, 1997, and are listed in section 422 (a) of Public Law 104-204.

Contributed by Rick Phillips, TVC Staff

VETERANS' DAY
November 11, 1998



Take time out to honor those who have fought for our freedoms!

IRS Reform Bill (PL 105-206) Includes Corrections to PL 105-178

On July 22, 1998, the President signed HR 2676, the IRS Reform Bill, which also contained a variety of technical corrections to PL 105-178 including changes relating to tobacco illness claims and other VA benefits.

PL 105-178 was signed into law on June 9, 1998. It amended title 38 to bar any claims for service-connected disability or death benefits for tobacco-related illness on the basis that the veteran's use of tobacco products in service was (now) synonymous with willful misconduct. This bar applied to any claims pending adjudication as well as those received on or after the date of enactment, June 9th. Also included in this legislation were

increases in Montgomery GI Bill benefits and reinstatement of certain remarried DIC surviving spouses. It also expresses the Sense of the Congress that the Attorney General of the United States or the Secretary of Veterans Affairs should take all steps necessary to recover VA costs for treating veterans with tobacco-related illnesses from the tobacco companies, if such treatment were authorized by law; and that Congress should authorize by law the treatment of tobacco-related illnesses of veterans upon the recovery of such amounts.

In a parliamentary move to prevent any amendments, the Technical Corrections bill, HR 3979, was attached to the

conference report on reform of the IRS. With regard to tobacco-related claims, it added new section 1103 to 38 USC affirming the bar to benefits for disability or death due to a tobacco-related illness as well as VA medical care, but eliminated the reference to willful misconduct. In addition, it provided the service-connection for disability or death from a disease or injury which is otherwise shown to have been incurred or aggravated in service which became manifest during any presumptive period specified in 38 USC 1112 or 1116 would not be precluded. It also authorized VA to complete action on those claims received prior to June 9th, including any appeals.★

VHA Healthcare Enrollment Plan

Vernon Chong, M.D., Network Director of VA's Veterans Integrated Service Network 17 (VISN 17), has asked the Texas Veterans Commission in assistance in implementing the Veterans Health Administrations's new healthcare enrollment plan through the following:

Recently, VHA Headquarters has begun sending letters to veterans notifying them of their enrollment status. Since the letters need to be mailed to millions of veterans across the country, they will be printed and delivered on a staggered basis. There will be about 350,000 letters mailed each week until approximately the end of September. This means that some veterans in our network will receive their letters in July, while others may not get their letters until September.

Since the mailings are coming from a central location, your nearest VA facility may not know when the veterans in their area will be receiving their letters. Therefore, we would like to encourage you to help us spread the word that our veterans

should wait, until at least the end of September, to check on their enrollment status with their local facility. This will allow us the time we need to contact the many veterans we need to reach.

Although we would like to have our current patients enrolled by October 1, remember that there is no deadline for enrollment. Notifying millions of people is going to take some time; therefore, we would greatly appreciate any assistance you can provide in helping us to explain this procedure. Please remember that enrolled veterans will be eligible for a full range of inpatient and outpatient services, including preventive and primary care.★

VA on Schedule to Meet Y2K Needs

The Department of Veterans Affairs (VA) has reported to the Office of Management and Budget that it is on schedule to implement renovated applications to meet Year 2000 computer requirements by early spring.

VA has renovated 94 percent of more than 300 applications supporting 11 mission critical system areas reflecting VA business functions, including compensation and pension, loan guaranty, insurance, and medical computer and corporate administration systems. The department also has validated 84 percent and implemented into production 61 percent of the applications.

Renovation, which concerns the modification, replacement or elimination of an application to make it 2000 compliant, is the second of a simultaneous four-phase program VA has undertaken to resolve Year 2000 problems. The renovation phase is scheduled for completion in September. The department completed the first assessment phase in January. The third phase—validation of new or changed code for date handling and functionality — is scheduled for completion in January 1999. The fourth phase — implementation of application into production — is scheduled for completion by March 1999.

VA has completed implementation and closed out three of the 11 mission critical

areas; the National Cemetery System, Financial Management and Vocational Rehabilitation. The department has renovated more than 85 percent of mission critical education, compensation and pension programs. VA is more than 98 percent complete on renovations and near completion of implementation of applications necessary to make Veterans Health Administration computer systems Year 2000 compliant.

VA continues to aggressively work with manufacturers of biomedical equipment, telecommunication service providers and commercial off-the-shelf products used at VA facilities to get the information necessary to support 2000 compliance.★

Veterans Benefits Act of 1998

SUMMARY OF CHANGES

- ◆ The Veterans Benefits Act of 1998 added section 1103, Special provisions relating to claims based on effects of tobacco products, to title 38 U.S.C. This new section provides that a veteran's service. This provision is effective June 9, 1998, the date of the enactment of law.
- ◆ The assistance allowance for specially adapted housing is increased from \$38,000 to \$43,000. The assistance allowance for special housing adaptations is increased from \$6,500 to \$8,250.
- ◆ The automobile allowance is increased from \$5,500 to \$8,000.
- ◆ Special monthly pension (SMP) for aid and attendance is increased by \$600 for veterans who receive improved pension and surviving spouses of Spanish-American War (SAW) veterans who also receive improved pension.
- ◆ Provides reinstatement of eligibility to Dependency and Indemnity Compensation for certain remarried surviving spouses upon termination of remarriage.
- ◆ PL 104-201 which was effective October 1, 1996, limited recoupment of the Special Separation Benefit (SSB) under 10 U.S.C. 1174a by the VA to the amount of separation pay received by the veteran after withholding for Federal income tax. The new legislation amends that law to include SSB payments made during the period beginning December 5, 1991 and ending September 30, 1996.

PROHIBITION AGAINST THE PAYMENT OF COMPENSATION FOR ANY DISABILITY AS A RESULT OF THE USE OF TOBACCO PRODUCTS.

- ◆ The law amends title 38 U.S.C. by adding Section 1103. It provides that a veteran's disability or death shall not be considered to have resulted from personal injury suffered or disease contracted in the line of duty in active service, if the injury or disease is attributable to the use of tobacco products by the veteran during the veteran's service. However, nothing in this provision shall preclude the establishment of service connection for disability or death from a disease or injury which is otherwise shown to have been incurred or aggravated in active service or which became manifest during a presumptive period as specified in section 1112 or 1116 of title 38. The provisions of this act apply to claims received by VA after June 9, 1998, the date of enactment of the law. **The previously imposed moratorium on processing tobacco use claims is lifted effective immediately.**
- ◆ Deny any claim received after enactment of the law unless the disability arose in service or during an applicable presumptive period. The authority for denial is section 1103, title 38 U.S.C. Inform the claimant of the reason for denial and enclose notice of procedural and appellate rights.
- ◆ Tobacco use claims received on or before June 9, 1998 should now be adjudicated under the rules in effect at the time of receipt of those claims.

INCREASED ALLOWANCE FOR AID AND ATTENDANCE

- ◆ SMP for aid and attendance is increased by \$600 for veterans receiving improved pension and surviving spouses of SAW

veterans, entitled to a service pension under section 1536 of title 38 U.S.C., who are also receiving improved pension.

- ◆ For example, effective October 1, 1998, the maximum annual pension rate for a single veteran entitled to aid and attendance is increased from \$13,859 to \$14,459. All other SMP rates should be similarly adjusted.

REINSTATEMENT OF ELIGIBILITY TO DIC FOR REMARRIED SURVIVING SPOUSE UPON TERMINATION OF REMARRIAGE.

Reinstatement of eligibility to DIC when remarriage is terminated. Remarriage and inference of remarriage of a surviving spouse of a veteran have been removed as permanent bars to payment of DIC only. Therefore, eligibility for DIC is established in any case in which the remarriage of the surviving spouse is terminated by death, divorce, or annulment. Also, if the surviving spouse ceases living with another person and holding himself or herself out openly to the public as that person's spouse, the bar to granting DIC shall not apply.

- ◆ Evidence Requirements for Dissolution of Remarriage. A determination that benefits are payable on the basis that a surviving spouse's remarriage has been dissolved by divorce or death requires evidence establishing status as surviving spouse as of the date of death of the veteran. Development to establish the requisite relationship will be carried out taking into account evidence of record in connection with prior award action. In addition, the following evidence is required:
 - Statement of all the claimant's marriages and indication of where, when and how each was dissolved.
 - Statement of whether the claimant has ever filed an application or received VA benefits as spouse, or surviving spouse of any other veteran. If so, the name of such other veteran, claim number and VA office location is to be stated.
- ◆ Cessation of Other "Marital Relationships."
 - The claimant's statement will be requested showing date, place and circumstances of termination of relationship or conduct which constituted the bar to DIC payments. Full development of pertinent facts will be required including field examinations when deemed necessary.
 - An administrative determination will be made in all instances in which the issue is termination of other "marital relationships" whether a favorable or unfavorable decision results. (M21-1, Part IV, 12.13g)
- ◆ Effective date for payment of DIC. Entitlement for award purposes shall be the first of the month following the month in which the remarriage is terminated or the cessation of the relationship resulting in the inference of remarriage occurs. This provision is effective October 1, 1998.

(See "Veterans Benefits Act . . ." on Page 15)

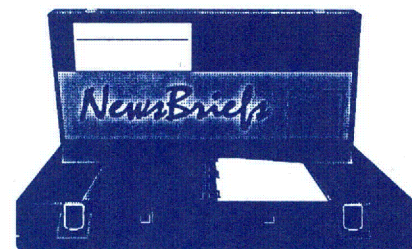
Veterans Benefits Act . . . (Continued from Page 14)

Resumption of benefits can only be made from October 1, 1998, even if the cessation of the relationship occurred prior to this date. The provisions of 38 CFR 3.114(a) will apply as this is considered liberalizing legislation.

- ◆ Surviving Spouse's DIC Payment Rate. If the veteran's death occurred on or after January 1, 1993 then the monthly rate of DIC payable will be determined as provided in 38 CFR 3.5(e)(1). If the veteran's death occurred prior to January 1, 1993, then payment will be determined as provided in 38 CFR 3.5(e)(2).

RECOUPMENT OF SSB PAYMENTS UNDER 10 U.S.C. 1117a.

- ◆ Recoupment of after-tax amount. The legislation establishes an earlier date for applying PL 104-201 for recoupment of SSB payments under 10 U.S.C. 1117a at the amount paid after the withholding for Federal income tax. Previously recoupment of the after-tax withholding amount could only be for SSB payments received on or after October 1, 1996. Any SSB payments received prior to October 1, 1996, had to be recouped based on the gross amount paid. This legislation provides for recoupment of the amount paid after withholding for Federal income tax to include SSB payments made during the period from December 5, 1991 to October 1, 1996.
- ◆ Adjustment of recoupment amount. Any requests for adjustment of an SSB payment being recouped must be supported with adequate documentation which shows the amount was withheld for Federal income taxes. If adequate documentation cannot be furnished, send a request for the amount of the SSB payment withheld for Federal income taxes to the service finance center for the veterans branch of service. (See M21-1, Part III, chapter 4, Addendum C)
- ◆ Referral to Finance. Any case in which the recoupment balance must be changed will be handled by the Finance activity. Send OF 41 to Finance requesting that the recoupment amount be changed. See M21-1, Part IV, 20.35d. If the SSB payment has been totally recouped, the Finance activity will take the necessary action to make payment of the balance due.
- ◆ Special Project to identify SSB cases. VA is currently working with the Defense Manpower and Data Center to identify applicable cases and the procedures to inform the regional offices of which cases require adjustment. Once VA has notified regional offices of the cases to be adjustment, it will be necessary to manually calculate the new net amount to be recouped. Calculation procedures will be provided at that time.★



HEARINGS TO BE CONDUCTED BY SINGLE MEMBER

Pursuant to authority granted by 38 U.S.C. § 7107(c) and 38 C.F.R. § 20.2, it is hereby directed that all hearings held by the Board of Veterans' Appeals, whether in Washington, D.C., or at a VA regional office, be held by a single member of the Board. Except where otherwise required by 38 U.S.C. § 7103(b)(2), the member assigned to conduct each such hearing will make, or will participate in making, the final determination of the claim.★

COLLEGE SUPPORT SYSTEM

There is help for students, parents and grandparents who are struggling to get someone through college. A non-profit organization in Arlington, Virginia, College Parents of America (CPA), offers tips on such topics as loans and scholarships, assessing your student's insurance needs, and getting the best deal on computers and travel, all via a quarterly newsletter, toll-free hotline, and Web site. CPA also lobbies at the federal and state levels, and on college campuses, on behalf of an often-overlooked constituency. "We want to make sure that parents get a dollar's worth of value for every dollar spent on education," says President Richard Flaherty. To learn more about CPA and possible veterans assistance for college, call 1-888-256-4627, or visit their web site at: <http://www.collegeparents.org>.★

VMLI PROGRAM RELOCATED

Effective August 3, 1998, the Veterans Mortgage Life Insurance (VMLI) program moved from VAROIC, St. Paul to the VA Insurance Center in Philadelphia, PA. All future activity and claims concerning VMLI should now be addressed to:

VARO Insurance Center
Wissahickon Avenue & Manheim Street
P.O. Box 42938
Philadelphia, PA 19101-2938

The telephone number for the Center is (215) 381-3022; fax is (215) 381-3183.★

**FOR
IMMEDIATE
RELEASE**



Medicare Diabetes Coverage

According to _____, Veterans County Service Officer for _____ County, the American Diabetes Association announced the 4.2 million Medicare eligible patients diagnosed with diabetes about newly covered benefits to help control their disease. Beginning July 1, 1998, all Medicare Part B and Medicare managed care enrollees with diabetes will have their blood glucose testing supplies covered by Medicare.

Under the new policy, all people with diabetes enrolled in Medicare Part B or Medicare managed care will receive affordable coverage of blood glucose monitors, test strips, and lancets. These benefits are available for all Medicare patients with diabetes regardless of whether they control their disease with diet and exercise, oral medications, or insulin. Blood glucose testing is currently the only method available for patients with diabetes to monitor blood sugar levels and make necessary day-to-day changes in the self-management of the disease. In order for Medicare enrollees to receive these benefits, a physician must prescribe the supplies and document on the prescription how often self-monitoring is required for the patient.

“Diabetes is a very serious and often expensive disease. These new Medicare benefits are a major advance in helping million of seniors afford the items necessary to control diabetes,” said Christine Beebe, MS, RD, CDE, LD, President, Healthcare and Education of the American Diabetes Association. “By encouraging people to help keep their blood sugar in control through blood glucose testing, we hope to help prevent or delay serious complications like blindness, amputations, and kidney failure.”

Diabetes is a disease that affects the body’s ability to produce or respond to insulin, a hormone that allows blood glucose (blood sugar) to enter the cells of the body and be used for energy.

Over 12% of people above age 65 are diagnosed with diabetes. Twenty-five percent of Medicare’s budget is used to treat patients with diabetes.



Texas Veterans Commission

P.O. Box 12277

Austin, Texas 78711

(512) 463-5538; (FAX) 512-475-2395

texas.veterans.commission@tvc.state.tx.us

<http://www.main.org/tvc>

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AUSTIN, TEXAS

PERMIT NUMBER 520

Texas Veterans Commission
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