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Texas Veterans Commission

Journal

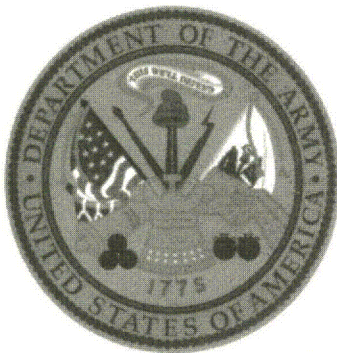
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**Honor All Veterans
Veterans Day
November 11, 2000**

TEXAS VETERANS COMMISSION JOURNAL

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Finally, Due... Has Been Done

After 50 long years Korean War veterans are given thanks for their service during the war. A medal the Republic of Korea offered 50 years ago has finally become eligible to wear.

On May 13, 2000, Defense Secretary William Cohen and Defense Minister Seong Tae Cho from Republic of Korea announced that the Korean government would provide this new medal, Republic of Korea War Service Medal (ROKWSM) to eligible veterans or the surviving next of kin. This provided at no cost to the veteran and is obtained through the U.S. Air Force, which is the designated agency to receive and distribute these medals. To help celebrate the 50th anniversary of this war, the Republic of Korea (ROK) decided to issue this medal. This is a tribute for each veteran's sacrifice to preserve the freedom of the ROK. The 50th anniversary will be celebrated beginning 2000 and ending 2003, this medal can be applied for at anytime during that period.

Korea had once tried to give this medal in 1951 to anyone serving with United

Nations in Korea or adjacent waters. Although it was offered U.S. law prevented service members from wearing any medals issued from a foreign country. The law was changed in 1954 but by this time most of the soldiers had returned home.

The ROK renewed its offer in 1998. The Department of Defense approved the acceptance and wear of the medal on August 20, 1999. Over 1 million U.S. veterans are eligible to receive it. This is not only for veterans but can also be applied for by next of kin of the eligible veteran.

Not all veterans are eligible to wear this medal. You must have (1) served between June 25, 1950, the day North Korean forces invaded ROK territory to July 27, 1953 the day of the armistice that ended the fighting; and (2) been on permanent status or temporary duty for 30 consecutive days or 60 non-consecutive days and performed duty within the territorial limits or Korea in the adjacent waters or in flight over Korea participating in actual combat.

The ROK specified the eligibility period and the criteria for the medal. The U.S. government only approved the wear of the ROK medal in which it met the U.S. criteria for wearing the military uniform.

To apply you must provide a copy of DD 214 or a revised/corrected copy (DD 215) to HQ AFPC/DPPRA, 550 C Street West, Suite 12, Randolph Air Force Base, TX 78150-4714 or visit their web site at www.afpc.randolph.af.mil/awards.

Further information concerning the Korean War or the 50th Anniversary can be found by calling (703) 604-0831 or by visiting the web site: <http://korea50.army.mil>.

When determining where the medal should be placed the majority of the Korean War veteran would place it after the United Nations Medal or the Republic of Vietnam Campaign Medal. For those who wear the Kuwait Liberation Medal the ROKSW medal should be placed right after it. ★

Contributed by Trista Barnum, TVC Staff

VA Expands Spinal Cord Injury Care

Veterans with spinal-cord injuries (SCI) can expect expanded services in the near future, announced Acting Secretary of Veterans Affairs Hershel Gober, who has made SCI one of his top priorities.

In his first week on the job, Gober authorized a new SCI directive from Acting Under Secretary for Health Thomas L. Garthwaite that requires VA health care managers to fully staff designated SCI beds.

The new directive designates 1,209 beds for SCI patients located at VA's 23 spinal-cord injury centers and in extended-care beds in nursing home units. "This is the minimal acceptable level of beds to be established and maintained," according to the directive.

It is estimated that there are about 250,000 Americans living with spinal cord injury; approximately 40,000 are veterans. VA has the largest single network of SCI care in the nation.

Last spring, Booz-Allen & Hamilton, Inc. released an independent study that compared VA's SCI services to SCI services funded by Medicare, Medicaid, Aetna, Kaiser, Alliance, Blue Cross/Blue Shield and the Swedish medical system. The findings showed that VA provided more comprehensive coverage for SCI than any other American health program and that the department's benefits and services met or exceeded those provided by each of the plans

reviewed. The report added that VA's services were uniquely organized and that no other health care provider was as involved in the full continuum of care for SCI patients.

In addition to medical and therapeutic care provided veterans with spinal-cord injuries, VA is a leader in defining new methods of rehabilitation through scientific research and engineering. In Fiscal Year 1999, VA spent \$8.3 million to fund 69 research projects dealing with spinal cord injury. Additionally, VA investigators had 113 SCI projects supported by \$4.7 million in grants from non-VA sources. Researchers are involved in such study as: tissue engineering; combining living cells with synthetic materials; new biomaterials and techniques to regenerate the central nervous system; a walking system that allows a patient with paraplegia to exercise and walk in a limited area around his wheelchair; and a new hand-grasp system that offers finer control and function to the elbow and forearm.

VA also has four Centers of Excellence for SCI at VA Puget Sound Health Care System, Seattle, Wash.; James A. Haley Veterans Hospital, Tampa, Fla.; VA Medical Center, Milwaukee, Wis.; and VA Medical Center, Augusta, Ga. These programs were recognized as providing the best in health care, as judged by national standards, and serve as models for the measurement of outcomes, as well as education, training and research. ★

Edward Powell Named Acting VA Deputy Secretary

President Clinton has appointed Edward A. (Ned) Powell, Jr., as the Acting Deputy Secretary of the Department of Veterans Affairs (VA). Powell, currently VA's Assistant Secretary for Financial Management, will fill the position held by Hershel W. Gober, who was named Acting VA Secretary.

In his new assignment, Powell will become the chief operating officer of the federal government's second largest cabinet department. With an annual budget of \$48 billion, VA employs about 219,000 people at hundreds of VA medical centers, clinics, benefits offices, and national cemeteries throughout the country.

Powell has directed VA's budget, finance and procurement policies and operations since October 1998. In 21 months, he has accumulated a record of success in improving the department's financial management and integrity. He played an instrumental role in the development of the Administration's latest VA budget

submission to the Congress, which includes the largest-ever increase in discretionary (primarily health care) spending for veterans. Under his leadership, the FY 2001 budget proposal incorporated the first successful integration of planning, performance and resource information in a single VA document.

In another first, Powell led VA to an unqualified audit opinion of its FY1999 financial statements, which included a retroactive clean opinion of the prior year's statements.

Through his advocacy of electronic commerce, Powell increased VA's earnings from rebates to \$10 million in FY 1999. He has initiated a project to integrate more than 40 existing, disparate systems into a departmental, state-of-the-art, core financial and logistics system that will eliminate redundancies and reduce errors.

Powell has broad experience in finance,

investment banking, strategic marketing and management. He joined the Young Presidents Organization in 1981 at the age of 33. Between 1989 and 1997, he owned and managed Mechanism Design, Inc., a precision machine parts manufacturing firm. Previously, he was First Vice President of Investment Banking for Sovran Bank (now Bank of America), and held a Securities and Exchange Commission broker's license. He is a former professor of business ethics and policy at the University of Richmond, a business planning consultant, and has held a Virginia Real Estate Brokers License.

Powell served in the Navy Reserve for six years, two of which were on active duty, including assignments with the Defense Intelligence Agency, for which he received the Distinguished Service Award.

Powell earned a B.A. in economics from Washington and Lee University and a master's in business administration from the University of North Carolina.★

VA Designates Additional Funding for Hepatitis C

Efforts to combat Hepatitis C among veterans got a shot in the arm recently when the Department of Veterans Affairs (VA) designated an additional \$20 million for outreach, testing, counseling and treating veterans with the virus.

The money is coming from a VA contingency fund. It will be divided among VA's 22 regional health care networks — called Veterans Integrated Service Networks (VISNs) — based on each network's Hepatitis C costs during the first half of fiscal year 2000.

It is not known precisely how many veterans are infected, because only a small percentage have been tested. Last year, VA conducted a nationwide screening and tested more than 26,000 veterans for Hepatitis C on a single day. This survey, combined with data from other VA medical centers, indicates that 7-10 percent of veterans who use the VA health care system have Hepatitis C.

Symptoms of chronic Hepatitis C infection often do not occur until 10 to 30 years after infection. Reliable and accurate tests to detect

the Hepatitis C antibody were not available until 1992. Since then, the tests have been used to screen blood supplies, reducing new cases of Hepatitis C by more than 80 percent.

The majority of Hepatitis C-positive veterans are of the Vietnam era. Because Hepatitis C is transmitted through contact with infected blood, soldiers wounded in Vietnam, those who cared for the wounded or anyone who received blood transfusions before 1992, should be tested for the virus. To date, the primary age group testing positive is 45-55 years of age. Vietnam-era veterans make up 63 percent of those veterans who tested positive for Hepatitis C. The next largest group is post-Vietnam at 18 percent. World War II, Korean and Persian Gulf veterans make up four percent, five percent and three percent, respectively.

For additional information about VA's Hepatitis C Centers of Excellence and other programs, visit the VA web site at www.va.gov/hepatitisc, or call 1-877-222-VETS (8387).★

VA Awards 53 Homeless Assistance Grants

The Department of Veterans Affairs awarded 53 new grants to public and private nonprofit organizations to support their efforts to help homeless veterans get back on their feet.

“VA continues to play -- and must play -- a key role in providing health care to homeless veterans, both through its own facilities and direct care programs and through contracts with community-based providers,” said Acting Secretary of Veterans Affairs Hershel Gober. “These are the men and women who served our nation during its greatest times of need and now live without shelter or food or medical care. They are our country’s forgotten heroes, who have every right to live a part of the American dream.”

Currently more than 1,900 veterans sleep each night in beds already funded under VA’s Homeless Providers Grant and Per Diem Program. Nearly 6,000 community-based beds will be available with this new round of grants, provided by 231 public and private nonprofit organizations in 44 states and the District of Columbia.

While there is no true measure of the number of homeless veterans, it has been estimated that more than 200,000 veterans may be homeless on any given night and twice as many veterans experience homelessness over the course of a year. It is estimated that one-third of the adult homeless male population and nearly one-quarter of all homeless adults have served their country in the armed services.

“We look to VA to take the lead in providing health care and benefits for homeless veterans,” said Miss America 2000 Heather

French, who has been an advocate for homeless veterans during her year of service. “Throughout my travels I have seen firsthand programs that are helping in a meaningful way to reconstruct veterans’ lives and reunite families. It takes a network of partnerships to be able to provide a full range of services.”

To combat veterans’ homelessness, VA initiated the Grants and Per Diem Program in 1994, and since then has provided more than \$42 million in grants. This round of grants is for per diem only and will go to public and nonprofit organizations in 24 states. More than 100 organizations applied this year for VA’s per diem funding.

VA has the largest integrated network of homeless assistance programs in the country and is the only federal agency that provides substantial one-on-one contact with the homeless. In virtually every city, and many rural areas, VA social workers and clinicians conduct extensive outreach programs, clinical assessments, medical treatment, alcohol and drug abuse counseling and job training.

In Texas, the United States Veterans Initiative in Houston received a grant. Contact the Initiative through the National Collaboration for Homeless Vets in Houston at 713/ 794-7751 or visit their website at: <http://www.neosoft.com/%7elavetstx>.

For more information on VA’s homeless programs <http://www.va.gov/health/homeless/index.htm> or contact your nearest VA Regional Office at 1-800-827-1000 or other VA office.★

What You Should Know About Veterans’ Preference

One of the most valuable benefits a veteran earns for serving in the armed forces, veterans’ preference is special consideration afforded qualified veterans seeking federal employment.

Veterans’ preference has been around since the Civil War, when Congress passed laws to help veterans seeking federal jobs and to prevent them from being penalized for time spent on active duty.

Disabled veterans or those who served on active duty and participated in a war or served during certain specified periods receive hiring preference over non-veterans and retention priority during reductions in force (RIFs).

The Defense Authorization Act of fiscal 1998 extended veterans’ preference to individuals who served on active duty during the Gulf War who are otherwise eligible. Also included are vets who participated in the military operations in Bosnia and Herzegovina who were awarded the Armed Forces Expeditionary Medal (AFEM).

Online Help

Veterans seeking employment with the federal government have a new tool available to determine whether they qualify for veterans’ preference. Log onto Transition Assistance Online at <http://www.taonline.com/veteranspages/>

and then click “Determine Your Eligibility for Veterans Preference.”

You can retrieve the same information at the Department of Labor’s website, www.dol.gov, by clicking on the link to the Department of Veterans Affairs or by going directly to the VA website at www.va.gov. Another place to help you determine your status is the U.S. Office of Personnel Management’s Vets Guide website at www.opm.gov/veterans/html/vetguide.htm. The site lists veterans’ special employment rights and privileges and how veterans’ preference operates.★

By David R. Mitchell
Stars and Stripes, Work & Money Editor
July 28, 2000

Voluntary Service

On April 8, 1946, the Veterans Administration's Department of Medicine and Surgery began to organize a program that was to add in a very special way to its quality of care for veterans. Under the leadership of General Omar Bradley, then VA Administrator, representatives of six national veterans and service organizations convened in Washington, DC to develop with the VA an organization for voluntary service in VA hospitals.

The VA's Voluntary Service, incorporating their recommendations, was established within weeks. It provided for a program where both community organizations and individuals could participate in volunteering and through which volunteers could help manage their own program through advisory committees.

Today, after decades of service, there are hundreds of community groups and ten of thousands of volunteers serving veteran patients. And, from the original handful of organizations, there are now nearly fifty veterans and community groups working nationwide in Voluntary Service and participating on a national Advisory Committee.

Voluntary service has expanded into every area of patient care and support, and has followed VA medicine into every widening frontiers of treatment. VA volunteers have 14 million hours of service each year, and have earned respect and commendation from Presidents, VA physicians and staff, and millions of American veterans and their families

VA Voluntary Service (VAVS) is a great program replete with effective health care

and a tradition of quality service to veterans. It is one of the largest volunteer programs in America, thus allowing a wide variety of volunteer assignments. Careful attention is given to matching the skill and abilities of the volunteer to the varied needs of our medical centers. VA staff appreciates volunteer contributions and express their gratitude through a variety of recognition awards.

Through the Voluntary Service program, men and women from their teens to their nineties are volunteer partners on the health care team working to help fulfill our important mission. Some bring special skills and knowledge, while others bring a desire to explore and team. Many come with a gift for working directly with patients while others bring dependability to assignments behind the scenes. All come bearing the greatest gift of all — themselves.

Skilled hands and warm hearts are needed by our patients to heal, progress and be comfortable. Through the partnership of dedicated employees and caring volunteers their needs are being met.

As a VA volunteer one can experience meaningful assignments throughout the Medical Center, as well as in satellite and community outreach locations, at times convenient for the volunteer. The Medical Center provides complete training, uniforms, career exploration, meals, health screening and recognition awards.

Most of all, this affords the volunteer the opportunity to make a difference in the lives of our nation's hospitalized veterans. Other benefits derived from volunteering are the many opportunities to use skills

developed over a lifetime, learn new skills, network with health care professionals, socialize and become a member of the largest single health care "team" in the world.

The Department of Veterans Affairs nationwide health care system will have over 62,000 patients in its medical centers and nursing home tonight and over a quarter of a million veterans will visit VA Outpatient Clinics this week alone. From 54 hospitals in 1930, the VA health care system has grown to include 171 medical centers; 126 nursing home care units; and 35 domiciliaries. VA health care facilities provide a broad spectrum of medical, surgical and rehabilitative care, in addition to a wide array of support and administrative services.

These are our nation's veterans who have served us by preserving our freedom. They have borne the battles, manned the defenses, and made great sacrifices for us. Thus as they enter the personal battles of disability; illness and old age, it is our nations duty to serve them. To fulfill this pledge, the VA created its health care mission.

All are invited to become a part of the VA health care team as a volunteer at a Veterans Affairs (VA) Medical Center near you. Each year thousands of people are providing millions of hours of health care service to our veterans. Without the help of volunteers, the VA could not provide the quality of health care it offers Americas 26,000,000 veterans. The gift of giving can make a real difference to our veteran patients.★

Contributed by Mike Viehe, TVC Staff

Correction: Rating Guidelines for Benign Prostatic Hypertrophy & Prostate Cancer

VBA Training letter 00-02 concerning prostate disease rating and examination requests stated under the discussion of SMC following radical prostatectomy that you should consider SMC "k" for loss of use of a creative organ based on impotence or retrograde ejaculation and that "k" will be almost universal in these cases, *but the qualifying condition should be medically indicated to be present and noted in the rating.*

Subsequent research and consultation with Dr. H. Ballentine Carter, Professor of Urology and Oncology at the Brady Urological Institute of The Johns Hopkins School of Medicine,

made it clear that ejaculation, including retrograde ejaculation, can never occur in radical prostatectomy because of the structures transected or removed.

CORRECTION:

SMC "k" should be assigned for loss of use of a creative organ in all cases of radical prostatectomy, and there is no need to examine for impotence, retrograde ejaculation, or other cause of loss of use of a creative organ to determine that a qualifying condition is present. You only need confirmation that the surgery was done.★

Theresa Johniken, Patient Services Representative, stationed at the VA Outpatient Clinic in Lufkin, Texas, has been chosen as the "Outstanding VA Employee of the Month" for September 2000.

Ms. Johniken has worked at the clinic since its inception, March 1991. She has exhibited great rapport with the veterans in this area and on several occasions gone beyond the scope of her duties to assist the veterans with obtaining services they are entitled to.

Theresa served on active duty in the U.S. Army from 1975 to 1976, and is an active member of Disabled American Veterans Chapter 84 in Lufkin. She has two children, Tim who will be discharging from the Air Force in August 2000, and Ashley who is a newlywed. She is an avid reader.

The Texas Veterans Commission appreciates her assistance and willingness to help whenever called upon and we are pleased to name Theresa Johniken as "Outstanding VA Employee of the Month" for April 2000.★



Veterans Application for Assistance with Home Improvement & Structural Alterations

The Home Improvement and Structural Alterations Program (HISA) was established under Section 612 of title 38, USC. This program is for the purpose of furnishing home health services essential to the rehabilitation and recovery of the veteran or those services necessary to sustain the veteran's current capabilities in his/her home setting.

If the home health service is provided for a veteran's service-connected disability, or if the applicant is a Spanish-American war veteran, the once in a lifetime benefit is \$4,100.

If the veteran has no service-connected disability, or the alteration is not required for this veteran's service-connected disability, and the service is to be furnished as a part of a VA authorized post-hospital care program for a nonservice-connected disability, the once in a lifetime benefit is \$1,200.

The HISA program is intended to provide structural alteration or home improvement necessary or appropriate for the effective and economical treatment of a veteran's disability in order to:

1. Assure continuation of treatment; or
2. Provide access to home or essential lavatory and sanitary facilities.

WHAT IS NEEDED TO APPLY:

1. VA FORM 10-0103
2. Information on contractor
3. A complete description of the proposed project to include:

- a. A drawing of the area to be altered or improved as it appears

now. Be sure to show the location of permanent fixtures such as walls, doors, windows, shower stalls, driveways, or walks, if appropriate.

- b. Give specifications indicating the exact measurements of items specified.

- c. A drawing showing the area as it will appear after the proposed project. Again, the types of items mentioned in a. and b. above should be drawn with their new specifications.

- d. If a ramp is to be built, include an individual drawing of the ramp indicating type of construction material, slope, width, and height. The slope of a ramp cannot be approved if it exceeds 1" increase in height per running foot of ramp. In general, a ramp cannot be approved if it has more than a 5% grade. Any ramp must provide railings and guards to prevent a wheelchair or cart from running off the edges.

- e. If a driveway or a walkway is to be improved, include information about the material the existing driveway or walkway is made of, i.e., gravel, concrete, blacktop etc.

4. Have the contractor specify in writing what materials he/she will use.

5. Submit the contractor's estimate of the cost of the projects.

6. DO NOT give the contractor approval to start the work until VA approves your application. Also, it is important that you notify the contractor that VA will not pay for the home improvement until the job is completed at your home. Please inform your contractor that it may take up to thirty days to receive payment from the date that the work is completed.

For further information, contact the Prosthetics Department at your nearest VA Medical Center.★

Contributed by Yolie Wendland, TVC Staff

Overseas Cemeteries

Construction and permanent maintenance of military cemeteries and memorials on foreign soil are the responsibility of the American Battle Monuments Commission. Questions concerning the location of final interment of deceased armed forces personnel buried in overseas cemeteries as well as other information regarding travel, passports and visas and photographs of actual grave sites, colored lithographs of the cemetery and floral decorations may be secured by addressing correspondence to the American Battle Monuments Commission, Courthouse Plaza II, Suite 500, 2300 Clarendon Boulevard, Arlington, VA 22201-3367; phone 703-696-6900. It is important to furnish full details including the name, relationship and address of the person making the request.

American Battle Monuments Commission

ABOUT THE COMMISSION

The American Battle Monuments Commission is a small independent agency of the Executive Branch of the federal government. It is responsible for:

- ◆ commemorating the services of the American Armed Forces where they have served since April 6, 1917 (the date of U.S. entry into World War I)
- ◆ through the establishment of suitable memorial shrines; designing, constructing, operating and maintaining permanent American military burial grounds in foreign countries;
- ◆ for controlling the design and construction of U.S. military monuments and markers in foreign countries by other U.S. citizens and organizations, both public and private; and
- ◆ encouraging the maintenance of such monuments and markers by their sponsors.

ABOUT ABMC CEMETERIES

The Commission administers, operates, and maintains twenty-four permanent American burial grounds on foreign soil. Presently there are 124,913 U.S. war dead interred at these cemeteries, 30,921 of World War I, 93,242 of World War II and 750 of the Mexican War. Additionally 5,857 American veterans and others are interred in the Mexico City and Corozal American Cemeteries.

CEMETERY LOCATIONS

Overseas cemeteries are located in England, France, Luxembourg,

Belgium, The Netherlands, Gibraltar, Italy, North Africa, The Philippines, Republic of Panama, Mexico, Mariana Islands, and the Solomon Islands. There are only two overseas cemeteries still open for burial. The Corozal American Cemetery in the Republic of Panama is still open for burial, but only until December 2000. When the United States gave the Canal Zone back to Panama, they only granted us one more year open burial time. If remains are found overseas and the families decide to have the service person buried overseas, or if no next of kin can be located, then the Ardennes American Cemetery, in Ardennes, Belgium is the one with space remaining for additional burial sites.

HEADSTONES & MARKERS

Headstones and markers are also provided for gravesites of eligible veterans in foreign private cemeteries. VA FORM 40-1330, Application for Headstone or Marker, must be used to make the request. The next-of-kin or interested individual may submit the application. If possible, a copy of the veteran's last DD 214 or other separation document should accompany the application. Headstones and markers may be shipped to foreign private cemeteries for placement at unmarked graves in private cemeteries. Arrangements for delivery will be made through U. S. Embassy or Consulate officers in the country involved by the National Cemetery System.

REFERENCE

<http://www.abmc.gov> ★

Contributed by Rufus Winham, TVC Staff

10 States Receive \$6.2 Million for Veterans Employment, Training Programs

Veterans in 10 states will receive a variety of employment and training services, thanks to \$6.2 million in grants awarded by the U.S. Department of Labor under the Workforce Investment Act (WIA), Secretary of Labor Alexis M. Herman announced today. The department expects more than 2,400 veterans to be placed in unsubsidized employment as a result of these grants.

The one-year grants, authorized by Section 168 of the WIA, were awarded by the department's Veterans' Employment and Training Service (VETS) on a competitive

basis. VETS received applications from 24 states.

"The Workforce Investment Act has expanded the eligibility criteria for veterans," said Secretary Herman. "We can now offer services to any honorably discharged veteran that served on active duty during a war or received a campaign or expedition badge, in addition to those with service connected disabilities, have recently separated, or have other significant barriers to employment."

The grants make possible a range of services for veterans including: assessing

their job skills, career counseling, current labor market information, classroom or on-the-job training, skills upgrading or retraining, and job placement assistance. The grants are administered by public agencies and nonprofit organizations that the Secretary of Labor determines have an understanding of veterans' unemployment problems.

The Texas Workforce Commission was awarded an \$850,000 grant. Please contact Mike Olen or Rick Cottingham, Client Services - Veterans Services, at 512/ 305-9639 for further information.★

Troops to Teachers Program Receives \$100,000 from TEA

The Texas Education Agency announced today that it is awarding \$100,000 to the Texas Troops to Teachers (TTT) program to help recently separated military personnel pay for teacher certification programs and to enter the teaching profession.

The TTT will receive \$50,000 for recently retired or separated veterans with bachelor's degrees who are enrolled in teacher certification programs in Texas. An additional \$50,000 will be made available after September 1. This will create 20 stipends of \$5,000 which will be paid directly to eligible veterans to help pay for their certification programs.

Funding for the stipends was made available by Commissioner of Education Jim Nelson from the Agency's discretionary funds. The commissioner has authority to allocate discretionary funds to the program under Senate Bill 4, passed by the Texas Legislature in 1999.

In order to be eligible for the stipends, a veteran must have served six or more years in the military, received an honorable discharge, and must have left active duty within the last 12 months. The veteran must have been accepted or be participating in a state-approved teacher certification program, including university post-baccalaureate programs and alternative certification programs. Acceptance of the stipend incurs a five-year teaching obligation following certification.

The TTT program was created in 1993 following the downsizing of America's military forces. The program is managed by the Defense Activity for Non-Traditional

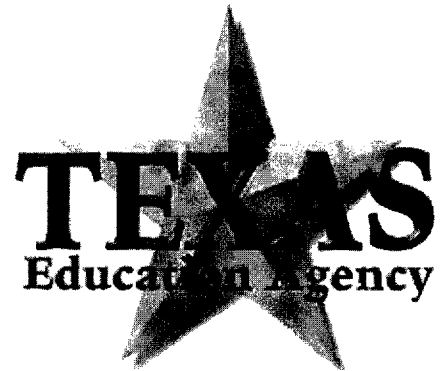
Support (DANTES), a Department of Defense agency. The primary purpose of the program is to assist retiring or separating military personnel begin a new career in public education.

Federal funding was appropriated for FY94 and FY95 to provide stipends of up to \$5,000 for individuals to offset costs of certification programs and grants of up to \$50,000 to school districts as an incentive to hire TTT participants. Although federal funding was not appropriated after 1996, state offices continue to provide assistance and referrals.

Since its beginning in November 1995, the Texas Troops to Teachers Office, located at the Region XIII Education Service Center in Austin, has counseled more than 5,000 veterans and of these, more than 1,200 have been hired as teachers.

Of those, 550 have registered with the national Troops to Teachers Office and received financial or referral assistance. Veterans who were entitled to the TTT incentive grants have been hired in 317 Texas districts, resulting in a payment of more than \$8.9 million to those districts as of January 2000, according to Meryl Kettler, coordinator of the TTT program at Region XIII ESC.

Among the veterans who have attained full teacher certification, approximately 75 percent have done so through the Alternative Certification Programs (ACPs) in Texas, with the remaining 25 percent attending university post-baccalaureate certification programs. The cost for these programs is approximately \$5,000 per person to achieve certification.



The TTT program is also helping meet the state's goals of encouraging ethnic diversity in teachers, increasing the numbers of males in public education, and addressing shortage areas such as special education, bilingual elementary education, and math and science.

More than 82 percent of these 1,200 new teachers were male, with approximately 35 percent of them representing minority populations. Roughly 43 percent are teaching in special education, with an additional 6 percent in bilingual elementary/ESL classrooms, and 18 percent teaching math or science.

In a recent survey of TTT participants, 34 percent of respondents said they were teaching in inner city schools, with 46 percent teaching in rural or small town districts. For additional information on the Texas Troops to Teachers program or to apply, please contact Meryl Kettler at the Texas Troops to Teachers Office at 1-800-810-5484.*



Training for Newly Appointed Service Officers

See "NewsBriefs" on Page 15 for Details



HISTORY OF VETERANS DAY



Official recognition of the end of the first modern global conflict — World War I -- was made in a concurrent resolution (44 Stat. 1982) enacted by Congress on June 4, 1926, with these words:

WHEREAS the 11th of November 1918, marked the cessation of the most destructive, sanguinary, and far reaching war in human annals and the resumption by the people of the United States of peaceful relations with other nations, which we hope may never again be severed, and

WHEREAS it is fitting that the recurring anniversary of this date should be commemorated with thanksgiving and prayer and exercises designed to perpetuate peace through good will and mutual understanding between nations; and

WHEREAS the legislatures of twenty-seven of our States have already declared November 11 to be a legal holiday: Therefore be it Resolved by the Senate (the House of Representatives concurring), That the President of the United States is requested to issue a proclamation calling upon the officials to display the flag of the United States on all Government buildings on November and inviting the people of the United States to observe the day in schools and churches, or other suitable places, with appropriate ceremonies of friendly relations with all other peoples.

An Act (52 Stat. 351; 5 U. S. Code, Sec. 87a) approved May 13, 1938, and the 11th of November in each year a legal holiday -- a day to be dedicated to the cause of world peace and to be hereafter celebrated and known as "Armistice Day."

Armistice Day was primarily a day set aside to honor veterans of World War I, but in 1954, after World War II had required the greatest mobilization of soldiers, sailors, marines and airmen in the Nation's history; after American forces had fought aggression in Korea, the 83rd Congress, at the urging of the veterans service organizations, amended the Act of 1938 by striking out the word "Armistice" and inserting in lieu thereof the word "Veterans." With the approval of this legislation (Public Law 380) on June 1, 1954, November 11th became a day to honor American veterans of all wars.

Later that same year, on October 8th, President Dwight D. Eisenhower issued the first "Veterans Day Proclamation" which stated:

"In order to insure proper and widespread observance of this anniversary, all veterans, all veterans' organizations, and the entire citizenry will wish to join hands in the common purpose. Toward this end, I am designating the Administrator of Veterans' Affairs as Chairman of a Veterans Day National Committee, which shall include such other persons as the Chairman may select, and which will coordinate at the national level necessary planning for the observance. I am also requesting the heads of all departments and agencies of the Executive branch of the Government to assist the National Committee in every way possible."

A letter from the President to the Honorable Harvey V. Higley, Administrator of Veterans' Affairs, was sent on the same date designating him to serve as Chairman. In 1958, the White House advised the VA's General Counsel that there was no need for another letter of appointment for each new Administrator, as the original proclamation in 1954 established the Committee with the Administrator of Veterans' Affairs as Chairman.

The Uniforms Holiday Bill (Public Law 90-363 (82 Stat. 250)) was signed on June 28, 1968, and was intended to insure three-day weekends for Federal employees by celebrating four national holidays on Mondays-- Washington's Birthday, Memorial Day, Veterans Day, and Columbus Day. It was thought that these extended weekends would encourage travel, recreational and cultural activities and stimulate greater industrial and commercial production. Many states did not agree with this decision and continued to celebrate the holidays on their original dates. The first Veterans Day under the new law was observed with much confusion on October 25, 1971.

★ ★ ★

It was quite apparent that the commemoration of this day was a matter of historic and patriotic significance to a great number of our citizens, and so on September 20th, 1975, President Gerald R. Ford signed Public Law 94-97 (89 Stat. 479), which returned the annual observance of Veterans Day to its original date of November 11, beginning in 1978. This action supported the express will of the overwhelming majority of the State legislatures, all major service organizations and the American people.

The restoration of the observance of Veterans Day to November 11 not only preserves the historical significance of the date, but helps focus attention on the important purpose of Veterans Day: a celebration to honor America's veterans for their patriotism, love of country, and willingness to serve and sacrifice for the common good.

★ ★ ★

For P. M. Release October 8, 1954, Murray Snyder, Assistant Press Secretary To The President THE WHITE HOUSE OFFICE Lowery Air Force Base, Denver

In connection with the signing of the proclamation on Veterans Day, the President today sent the following letter to the Honorable Harvey V. Higley, Administrator of Veterans' Affairs:

Dear Mr. Higley:

I have today signed a proclamation calling upon all of our citizens to observe Thursday, November 11, 1954 as Veterans Day. It is my earnest hope that all veterans, their organizations, and the entire citizenry will join hands to insure proper and widespread observance of this day.

With the thought that it will be most helpful to coordinate the planning, I am suggesting the formation of a Veterans Day National Committee. In view of your great personal interest as well as your official responsibilities, I have designated you to serve as Chairman. You may include in the Committee membership such other persons as you desire to select and I am requesting the heads of all departments and agencies of the Executive branch to assist the Committee in its work in every way possible.

I have every confidence that our Nation will respond wholeheartedly in the appropriate observance of Veterans Day, 1954.

Sincerely,

DWIGHT D. EISENHOWER



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Veterans Day, 1954
BY THE PRESIDENT OF THE UNITED STATES OF AMERICA
A PROCLAMATION
3071



Whereas it has long been our customs to commemorate November 11, the anniversary of the ending of World War I, by paying tribute to the heroes of that tragic struggle and by rededicating ourselves to the cause of peace; and

Whereas in the intervening years the United States has been involved in two other great military conflicts, which have added millions of veterans living and dead to the honor rolls of this Nation; and

Whereas the Congress passed a concurrent resolution on June 4, 1926 (44 Stat. 1982), calling for the observance of November 11 with appropriate ceremonies, and later provided in an act approved May 13, 1938 (52 Stat. 351), that the eleventh of November should be a legal holiday and should be known as Armistice Day; and

Whereas, in order to expand the significance of that commemoration and in order that a grateful Nation might pay appropriate homage to the veterans of all its wars who have contributed so much to the preservation of this Nation, the Congress, by an act approved June 1, 1954 (68 Stat. 168), changed the name of the holiday to Veterans Day:

Now, Therefore, I, Dwight D. Eisenhower, President of the United States of America, do hereby call upon all of our citizens to observe Thursday, November 11, 1954, as Veterans Day. On that day let us solemnly remember the sacrifices of all those who fought so valiantly, on the seas, in the air, and on foreign shores, to preserve our heritage of freedom, and let us reconsecrate ourselves to the task of promoting an enduring peace so that their efforts shall not have been in vain. I also direct the appropriate officials of the Government to arrange for the display of the flag of the United States on all public buildings on Veterans Day.

In order to insure proper and widespread observance of this anniversary, all veterans, all veterans' organizations, and the entire citizenry will wish to wish to join hands in the common purpose. Toward this end, I am designating the Administrator of Veterans' Affairs as Chairman of a Veterans Day National Committee, which shall include such other persons as the Chairman may select, and which will coordinate at the national level necessary planning for the observance. I am also requesting the heads of all departments and agencies of the Executive branch of the Government to assist the National Committee in every way possible.

IN WITNESS WHEREOF, I have hereunto set my hand and cause the seal of the United States of America to be affixed.

Done at the City of Washington this eighth day of October in the Year of our Lord nineteen hundred and fifty-four, and of the Independence of the (SEAL) United States of America the one hundred and seventy-ninth.

DWIGHT D. EISENHOWER
By the President:

JOHN FOSTER DULLES
Secretary of States.

Inpatient VA Dental Program

Am I eligible for inpatient dental treatment? This question is often asked of a counselor. What is the answer? The following is a short answer about what may be authorized.

Dental services in healthcare facilities are responsible for providing only dental care that is essential to the patient's medical needs. Dental care will include treatment of trauma, control of pain, and elimination of acute infection. It may be extended to provide definitive care to maintain or augment adequate masticator function, improve appearance, and correct speech deficiencies, as consistent with the priorities for dental care.

Hospitalization of VA beneficiaries for oral and dental conditions will be accomplished in accordance with the prescribed policy for all admissions. The veteran will be referred to dental service for consultation and a professional determination as to the need for admission. Patients admitted for dental care must be given the same caring medical evaluations as those admitted to other services. This evaluation may be provided by a physician member of the medical staff or by a qualified dentist who has clinical privileges to render such service. A physician will be responsible for the care of any medical problem that may be present at the time of admission or which arises during the course of hospitalization.

VA dental services examine and treat both inpatient and outpatient beneficiaries. It is not the established mission of the VA to provide dental care to all veterans or even to those who are hospitalized. Aside from emergency care, dental treatment for inpatients will be dependent on whether the dental problem is detrimentally

affecting a medical condition. Since VA dental resources are limited and must be used judiciously, the law specifies that dental treatment will be provided on the basis of priorities.

Priorities for dental care are resource dependent and have two critical drivers: The emergent nature of the condition, and eligibility for outpatient care. Prioritization of care cannot always be separated into inpatient or outpatient categories since the drivers will determine scheduling of the dental intervention.

Priority I.

Inpatients and outpatients whose statutory eligibility, dental emergencies, compelling medical needs and/or long-term hospitalization place them in top priority consideration for treatment.

- Inpatients, SC or NSC, with compelling medical need for dental treatment.
- Inpatients who have been hospitalized continuously for 100 days or more, i.e., extended care.

Priority II.

Hospitalized veterans whose dental conditions are not considered to be adjunct to their medical problems.★

Contributed by Glenn H. Miller, TVC Staff

WHICH VETERANS PAY FOR WHICH SERVICES AT VA HEALTHCARE FACILITIES

GROUP	Inpatient Copayment	Outpatient Copayment	Prescription Copayment	Nursing Home Copayment	Insurance Billing	Insurance Balanced Billing	Insurance Deductible/ Copayment
Priority Group 1	No	No	No	No	Yes -- If care was for NSC Condition	No	No
Priority Groups 2, 3*, 4	No	No	Yes -- if less than 50% SC & medication is for NSC Condition	No	Yes -- If care was for NSC Condition	No	No
Priority Group 5	No	No	Yes	No	Yes -- If care was for NSC Condition	No	No
Priority Group 6 (WWI & Mexican Border)	No	No	Yes	No	Yes -- If care was for NSC Condition	No	No
Priority Group 6 (Veterans receiving care for exposure or experience*)	No*	No*	Yes	No*	Yes -- If care was for NSC Condition	No	No
Priority Group 7	Yes	Yes	Yes	Yes	Yes -- If care was for NSC Condition	No	No

*All applicable copayments will be assessed to veterans when the care is for conditions not related to their exposure or experience.

Special Categories of Veterans - (i.e., Agent Orange, Ionizing Radiation, Persian Gulf, women veterans receiving sexual trauma counseling) are subject to means test copayments when the treatment they are receiving is not related to their exposure or experience. The initial registry examination and first follow-up visit to receive the examination are not billed to the health insurance carrier. However, subsequent care provided, whether or not related to exposure, if it is not connected will be billed to the insurance carrier.

Prescription Copayment Exemption -- All veterans receiving dental services for NSC conditions who meet the low income criteria are exempt from this copayment. Veterans in receipt of a Purple Heart are in Priority Group 1. This exemption was implemented with the enactment of PL 106-117 on November 30, 1999.

VA Encourages Veterans to Settle Delinquent Debts

The Department of Veterans Affairs (VA) is sending letters to about 270,000 veterans to remind them that they owe the federal government and that money can be taken from other federal checks to settle their debts.

For the first time, portions of a monthly Social Security check can be withheld by the Department of the Treasury to settle debts that veterans owe to VA. Veterans affected by the withholding will always receive the first \$750 of each month's Social Security payment. Only 15 percent of the amount greater than \$750 can be withheld.

Deductions will begin in the spring of 2001. Veterans can avoid any loss of Social Security or other federal payments by voluntarily settling their debts with VA.

Federal law says that when veterans owe more than \$25 to VA and the debts are more than 90 days overdue, VA officials must report the debts to the U.S. Treasury Department.

The Treasury Department is responsible for collecting the debts from other income the veterans receive from the federal government, including income tax refunds, federal salary or federal retired pay, military pay or military retired pay, Social Security (but not Supplemental Security income), Railroad Retirement Board benefits (but not "Tier 2" benefits), Black Lung Program payments (Part B) and other federal payments to individuals.

Many of the veterans affected by the mailing have been treated in VA medical facilities for health care conditions not related to their military service. For that care, they are responsible for co-payments. Co-payments range from \$2 for a 30-day supply of a drug to hundreds of dollars as the veteran's share of hospitalization costs.

Veterans with service-connected disabilities are exempt from all co-payments, as are low-income veterans.

Purple Heart recipients without service-connected disabilities are exempt from all co-payments except pharmacy costs.

In VA's mailing on July 14, each letter listed the amount of the veteran's debt and provided a local contact for the veteran, encouraging him or her to request a hearing or make payment arrangements to avoid further action. Veterans will have several months to make arrangements with their local VA medical centers before the Treasury Department takes further action.

Historically, VA has collected debts by withholding money from VA payments such as disability compensation and pension. In the spring of 2001, those offsets will also come from Social Security payments.

Veterans with questions about whether they have VA debts should contact the VA medical centers where they received care.★

The "Outstanding VA Employee of the Month" for October 2000 is **Thaddeus Tate, Program Clerk for the Veterans Service Center in Correspondence at the Waco VA Regional Office.** The Correspondence Unit serves the Regional Office with establishing claims and locating or creating files for most of the State of Texas in the Waco jurisdiction.

Tate has been with VA for eight years. Prior to working with the VA, Thaddeus spent 5 years on active duty as a Sergeant in the Army and is now serving in the Reserves.

In Tate's, leisure time, he likes to visit with friends and family, play basketball, and listen to music.

As a Program Clerk, Thaddeus Tate is one of the most knowledgeable people in this position. He will go to out of his way to help whoever possible. (the Texas Veterans Commission recognizes this and names him the "Outstanding VA Employee of the Month" for October 2000.★



TRICARE News

Know Your Provider's TRICARE Category

TRICARE users have so many options for selecting their health care providers that the terminology can get very confusing. Knowing their providers' TRICARE category can help them make the right choice, and save them money.

TRICARE terms used in reference to providers include "authorized," "certified," "non-authorized," "participating," "non-participating," "network" and "non-network." So, which is which?

Providers who treat TRICARE patients must be "authorized" by TRICARE. This means they can be reimbursed by TRICARE for its share of costs for medical benefits, and they are qualified to provide certain health benefits to TRICARE beneficiaries. Only "certified" providers - those who have passed a credentialing process - can be authorized by TRICARE.

Beneficiaries must ask their providers if they are "authorized" by TRICARE before seeking treatment from them. Providers can contact TRICARE regional managed care support contractors (provider relations department) for an application to become authorized. Beneficiaries who use "non-authorized" providers may be responsible for their entire bill, and there are no legal limits on the amounts these providers can bill beneficiaries. Examples of "non-authorized" providers are most chiropractors and acupuncturists. Other "non-authorized" physicians include those who do not meet state licensing or training requirements, and those who never sought, or were rejected for, authorization by TRICARE.

Authorized caregivers may be "participating" or "non-participating" provider case-by-case basis.

"Participating" providers agree to accept the TRICARE "allowable charge" as payment in full for the care they provide TRICARE beneficiaries. Patients are responsible for any out-of-pocket costs, including deductibles, that are specified by their health plans. Participating providers file claims and receive reimbursement directly from TRICARE.

"Non-participating" providers do not accept TRICARE allowable charges as full payment for their services, and they can legally charge patients up to 15 percent more than the TRICARE allowable charge. TRICARE beneficiaries generally file their own claims for care obtained from "non-participating" providers, and TRICARE pays its portion of the allowable charges directly to beneficiaries to pay the bills. Patients are personally responsible for paying any out-of-pocket costs, including deductibles, specified by their health plans, plus, the 15 percent difference the "non-participating" providers can charge them.

"Network" providers are participating providers that have discount agreements with the TRICARE program. They are required to file claims and they receive reimbursement directly from TRICARE. Eligible beneficiaries pay their out-of-pocket costs, including deductibles, specified by their TRICARE health plans.



When users of TRICARE Standard receive care from TRICARE network providers, they are using the TRICARE Extra option, which costs less. Under TRICARE Extra, active duty family members' out-of-pocket costs equal 15 percent, and all other TRICARE, beneficiaries' out-of-pocket costs equal 20 percent. Under TRICARE Standard,

not using network providers, active duty family members' out-of-pocket costs equal 20 percent of the allowable charge, and all other TRICARE, beneficiaries' out-of-pocket costs equal 25 percent of the allowable charge. Deductibles are the same for both options.

To determine health care providers' TRICARE category, beneficiaries should ask them or their staff, or call regional managed care support contractors. TRICARE, service center representatives, beneficiary counseling and assistance coordinators (BCACs), and health benefits advisers (HBAs) at military treatment facilities also can provide assistance.

For additional information about TRICARE, visit the Military Health System/TRICARE Web site at: www/tricare.osd.mil

Know The Basics About TRICARE Claims

Whether you or your provider files a claim for payment of your medical bills under TRICARE, you need to know some basic rules to avoid claims processing problems. Leaders at TRICARE Management Activity (TMA) recognize that simplified claims processing is a key to beneficiary satisfaction with TRICARE, and they continue to implement improvements to claims processing procedures.

TRICARE participating providers are required to file claims for beneficiaries, and providers submit 97 percent of all TRICARE claims. However, if the provider is non-participating, the beneficiary may need to file the claim.

(See "Tricare Claims . . . on Page 13)

TRICARE Claims . . .

(Continued from Page 12)

Beneficiaries and providers should submit claims as soon as possible after the delivery of care. They must be filed within one year of the date of service, or within one year of the date of an inpatient discharge.

When the beneficiary files a claim, it should be submitted using DD Form 2642 (patient's request for medical payment). Forms are available on the Military Health System/TRICARE Web site at www.tricare.osd.mil/ClaimForms/, or from beneficiary counseling and assistance coordinators (BCACs)/health benefits advisers at military treatment facilities, TRICARE regional contractors (or one of their TRICARE service centers), or TRICARE Management Activity, 16401 E. Centretech Parkway, Aurora, CO 80011-9066. Access to TRICARE contractors' Web sites can be obtained through the TRICARE site.

The beneficiary may also need to include a non-availability statement for inpatient care (obtained from the MTF), an explanation of benefits (EOB), or denial, from other insurance. Claims filed by the beneficiary should include photocopies of fully itemized bills from the provider, showing the cost for each service or supply provided, the patient's name, diagnosis or symptoms, place of service, number/frequency of each service, and date of care. Canceled checks or cash register receipts are not acceptable as itemized bills.

With claims for prescription drugs, the provider or beneficiary must include the pharmacy's billing form, showing the name, strength, amount and cost of each drug, prescription number, date filled, and the name and address of the prescribing doctor and the pharmacy.

A beneficiary who receives the services of a private duty nurse at home or in a hospital, must submit the nurse's daily notes with claims, the name of the doctor who is supervising the care, and prescriptions for medical supplies and durable

medical equipment. Claims submitted for someone in the Program for Persons with Disabilities must include a copy of authorization for services, and a list of supplies or equipment received.

Persons filing claims should send copies of receipts. They should include the sponsor's Social Security number on all pieces of correspondence and attachments to claims. They should circle information rather than use a highlighter or marker on documents. Before submitting the claim, they should make sure the correct claim form has been completed, double-check all information for completeness, provide signatures where necessary, and include all necessary documentation listed above.

Beneficiaries and providers must mail claims and the accompanying documentation to the TRICARE contractor for the region where the patient lives. Address for filing claims may be found in the beneficiary handbook or on the TRICARE Web site. Active duty service members stationed overseas, and their families, file claims with Wisconsin Physicians Service (WPS).

When all necessary information is submitted with the claim, contractors are required to complete processing within 30 days. When they need additional information, claims processors will call or write to the beneficiary or provider, who must supply the information requested before the claim can be processed. To avoid delays, beneficiaries should keep copies of claims and the originals of all other documents sent to the claims processor or to TRICARE. When providers file claims, beneficiaries should keep copies of providers' bills.

Beneficiaries should verify that their information is correct in the Defense Enrollment Eligibility Reporting System (DEERS) data bank. Beneficiaries can review information in their DEERS file at most offices that issue military

identification cards. They may also call DEERS, toll-free, at one of these numbers: 1-800-538-9552 (Continental U.S.), 1-800-334-4162 (California residents only), or 1-800-527-5602 (Alaska and Hawaii residents only) or write to DEERS Support Office, 400 Gigling Road, Seaside, CA 93955-6771.

Beneficiaries who believe their claims have been incorrectly processed or denied, may refer to instructions for disputing a decision and filing an appeal that appear on the back of every TRICARE explanation of benefits. For more information about filing and appealing claims, beneficiaries can check with a BCAC at an MTF or regional lead agent's office, with a health benefits adviser at the MTF, with a TRICARE service center representative, with the appropriate TRICARE managed care support contractor or with a debt collection assistance officer, if credit or collection issues are involved.

Beneficiaries may call claims processors directly, or through their regional TRICARE contractors, to address their claims problems. Palmetto Government Benefits Administrators (PGBA) is the claims processor for several regions. Its toll-free telephone numbers are: 1-800-225-4816 for Regions 7/8; 1-800-403-3950 for Regions 3 and 4; 1-800-930-2929 for Regions 9, 10, 12 and Alaska; and 1-800-578-1294 for Region 1. Beneficiaries in Regions 2 and 5 may reach a claims service center at 1-800-493-1613. Beneficiaries can call Foundation Health Federal Services (FHFS) at 1-800-404-0110 in Region 11, or at 1-800-406-2832 (Option 2) in Region 6 to reach Wisconsin Physician Services (WPS), their claims processor. Active duty personnel and their family members stationed overseas can call a WPS claims contractor at (608) 224-2727.

Additional information on TRICARE benefits, claims filing and follow-up may be obtained through the Military Health System/TRICARE Web site at:

<http://www.tricare.osd.mil> ★

BVA HEARINGS

The BVA Travel Board Hearing vs The BVA Video Conference Hearing

Board of Veterans Appeals Hearings are presently taking place in three different venues: Before the Board itself in Washington, D.C.; Before a representative of the Board in a Regional Office setting, commonly known as "The Travel Board"; and "The Video Conference Travel Board Hearing", where the veteran and the service organization representative are in one location and the Board member is in Washington, D.C..

In this article we will only be discussing the BVA Travel Board Hearing vs. the BVA Video Conference Hearing. The BVA Hearings that are conducted in Washington, D.C. are outside the jurisdictional boundary of the Texas Veterans Commission. For the most part, the veteran rarely chooses to go to Washington, D.C. because of the monetary considerations and the fact that the veteran must pay all the costs of getting to and from the BVA.

The TVC is concerned with Travel Board and Video Conference Hearings. We, as counselors and representatives to the veteran, will be asked by the veteran to help them choose which hearing they want to have. First of all, you must realize the choice is the veteran's, not the service organization and certainly not yours. It may be in your best interest to advise the veteran on how to make the best choice by explaining the pros and cons of both types of hearings. The following information can be used to help the veteran make the right choice.

First, ask the veteran a few simple questions:

- Do you feel you need to sit down and discuss your appeal with a live person?
- Do you need to see their reaction to your testimony and be able to look into the Hearing Officers eyes?
- Is it really necessary to have that sort of personal contact?

- Is the issue (or issues) to be discussed so involved that it can only be done in person?
- Now, on the other hand, are you comfortable with or do you think you would feel comfortable talking to an image in a television picture?
- Do you feel anything would be lost by not having the Board Member in the same room with you?
- Is this issue (or issues) simple enough to get across your point (or points) through the television median?

If the veteran has no problems with using this type of format then it might be in their best interest to recommend a Video Conference Hearing.

There is one other point to consider when recommending one type of hearing over the other: How quickly do you want this hearing? At the present time, BVA Video Conference Hearings are taking place in Houston every three or four months. A large number of the hearings are being scheduled and held. For the most part, good results are coming out of the decisions from these hearing and the veterans seem to be pleased with the positive results and the speed in getting those results. And, once again, on the other hand, if the veteran wants a Travel Board Hearing he (or she) must be prepared for the longer wait. Travel Board Hearings (in Houston) are being held once a year and on some rare occasions twice a year.

When it is all over with and everything has been said and done there is only one question left to ask: Is the veteran satisfied that they had an opportunity to tell his or her side of the story to the Board of Veterans Appeals and they have had their proverbial "Day in Court"?★

Contributed by James M. Davenport, TVC Staff

VA Study Confirms Higher Gulf War Health Complaints

In the largest survey of Gulf War veterans to date, Department of Veterans Affairs (VA) investigators have confirmed Gulf veterans are not as healthy as other service members who were not deployed to the region during the war.

The study was based upon health questionnaires sent to 30,000 veterans, half of whom deployed to the Gulf during the war, while the other half were stationed elsewhere.

The study was directed by Dr. Han K. Kang of VA's Environmental Epidemiology Service and published recently in the *Journal of Occupational and Environ-*

mental Medicine. It shows that Gulf War veterans are not as healthy as non-deployed service members, as measured by functional impairment, health care utilization, general health perceptions, symptoms, and self-reported medical conditions.

Among the report's major findings:

- Twenty-eight percent of veterans who deployed to the Gulf reported an impairment during the previous two weeks that limited their ability to function. Among those who served elsewhere during the war, the rate was 14 percent.
- More than half the Gulf veterans (51

percent) visited a doctor in the previous year with an illness, compared to 41 percent of the veterans who served elsewhere.

- Only 43 percent of the veterans who served in the Gulf during the war said their health was excellent or very good, compared to 67 percent of veterans who served outside the Gulf.
- Veterans who served in the Gulf reported higher rates of 48 different conditions, including sinusitis (39 percent versus 28 percent), recurrent headache (33 percent versus 15 percent), gastritis (25 percent versus 12 percent), arthritis (23

See "Health Complaints . . ." on Page 15)

Health Complaints . . .

(Continued from Page 14)

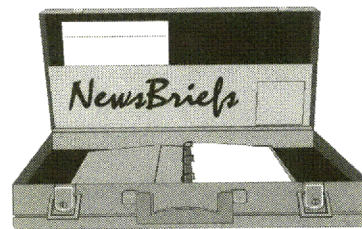
- percent versus 17 percent) and frequent diarrhea (21 percent versus 6 percent).
- Among the Gulf veterans, those who served in the National Guard or reserve units and those who served in the Army consistently reported a higher rate of symptoms.

The latest findings have confirmed those of earlier studies, which found a significantly higher rate of health complaints among Gulf War veterans. Research to date has not found a specific cause for some of the veterans' health complaints.

The VA survey consisted of a comprehensive health questionnaire mailed to veterans, followed by telephone interviews and a review of selected medical records. Researchers also asked questions about specific exposures including immunizations, pyridostigmine bromide (PB) pills, smoke from oil well fires, pesticides and insecticides, chemical warfare agents and other hazards. Smoking and alcohol use were also considered.

Veterans can receive free, specialized Gulf War medical examinations at VA facilities. VA also provides health care for any Gulf War veteran who has a medical problem potentially related to military service. Gulf War veterans may be eligible for disability compensation for illnesses related to Gulf War service.

VA has a toll-free number (1-800-749-8387) to inform veterans about VA programs on Gulf War-era benefits. ★



WHAT'S ON THE WEB?

There are thousands of web sites dedicated to health-oriented news. We have listed six that may provide a wealth of information. We found these sites to be user-friendly as well as very informative. We do not necessarily endorse these sites, but provide their addresses so you can decide if they are something you can utilize. ★

HealthNewsDigest.com

HealthScout.com

Medscape.com

NandoTimes.com

ReutersHealth.com

WebMD.com

MEDICARE BENEFICIARIES CAN FILE FOR REPLACEMENT CARDS ONLINE

Effective July 11, 2000, the public can apply for replacement Medicare Cards on the Internet at www.ssa.gov, the Social Security Administration's (SSA's) web-site.

Applicants using SSA's web site to request a replacement card will fill out the online form and send it electronically to the agency. SSA uses the highest commercially available encryption to ensure that a beneficiary's confidential information is secure as it travels over the Internet. Requests will be forwarded each day to the Health Care Financing Administration (HCFA), which will process the requests and mail the new cards to beneficiaries. Interested individuals can go directly to www.ssa.gov/medicarecard, the location for the replacement Medicare card application form.

Currently, Medicare beneficiaries can apply for a replacement card by calling the Social Security Administration's 800 toll-free number or visiting one of SSA's 1300 field offices. SSA processes approximately 750,000 requests annually for a replacement Medicare Card.

Beneficiaries who visit HCFA's web site to look for information on replacement Medicare Cards will find a link to the online service on SSA's web site. ★

TRAINING FOR NEWLY APPOINTED SERVICE OFFICERS

As a matter of interest, the next training session for newly appointed Veterans County Service Officers is scheduled for January 9-12, 2001, at the Embassy Suites, 9090 Southwest Freeway, Houston, Texas. Monday, January 8, 2001, will be the travel day, with training beginning at 9:00 a.m. on Tuesday, January 9, 2001, and ending by noon Friday, January 12, 2001. By law, the Texas Veterans Commission is authorized to reimburse travel expenses; i.e., lodging, per diem and travel, for CSO's and Assistants. For others involved in veterans benefits programs wishing to attend, or for further information, contact the TVC Headquarters, Austin; or call (512) 463-5538 or on the CSO Headquarters WATS line. ★

**53rd Annual
Statewide Conference for
Veterans Service Officers**

HOLIDAY INN AIRPORT-SELECT
77 NE Loop 410
San Antonio, Texas 78216
210/ 349-9900

**Travel Day &
Bentshaft Golf Tournament**
Monday, September 25, 2000

**For further information, contact the
Texas Veterans Commission
Headquarters @ 512/ 463-5538.**

FOR IMMEDIATE RELEASE



Exchange Cards Get Face-Lift

According to _____, Veterans County Service Officer for _____ County, customers who hold a credit card provided by the Army and Air Force Exchange Service (AAFES), Marine Exchange (MCX), or Navy Exchange Service Command (NEXCOM), may notice the card has a new look, a new name and a new attitude, starting in August. The Exchange Services call the newly restructured universal card the "Military Star" card.

"The reason for the change is twofold," said the Exchange Credit Program Marketing Manager, Jan Adrian. "First, the Department of Defense (DoD) directed the Exchanges to develop a universal card," Adrian said. "Second, all of the services' credit card programs are now processed by the Exchange Credit Program, it gives us a unique opportunity to restructure the program and make it even better."

AAFES, NEXCOM and MCX worked closely to ensure a smooth transition. According to Adrian, the goal is to offer a card that can be used at every exchange. Customers can expect their new card by the end of October.

"This card will just make the various customers lives a lot easier," Adrian said. "It will be accepted at most Navy, Coast Guard, Army, Air Force and Marine Corps Exchanges, as well as for ordering from the Exchange catalogs."

Previous to the new card, the Army, Air Force, Marine, Navy and Coast Guard customers could apply for a Deferred Payment Plan (DPP) card and/or a NEXCARD. MCX joined the Exchange Credit Program in 1993. NEXCOM operated the NEXCARD Credit Program starting in 1993 and joined AMES in a joint credit program in 1999.

Some of the changes include a newly designed monthly billing statement with a section that allows customers to tell the Exchange Credit Program how much they want to pay that month. The feature is for those who want to pay more than their minimum due. Also, customers will have 24-hour access to payment information, balance, available credit, and a payment address through the new Toll Free number (1-877-891-STAR). Customers can opt to speak with a customer service representative or access their information digitally.

"We're still working out some additional features to continue to add value to the Exchange Credit Program," Adrian said.

Military customers travel a lot, whether they're conducting work-related travel, are on vacation, or just moving to another base or post. The Exchanges expect that the card will provide more convenience for such a mobile group of people.

Recently, NEXCOM began accepting DPP cards in all Navy Exchanges worldwide, said Rear Adm. Richard T. Ginman, Commander, NEXCOM. "This paved the way for a transition into the one universal card - the Military Star card," said Admiral Ginman. "The Military Star card will greatly enhance the quality of life for all our customers," he said.

"The Military Star card is a major plus for our Marines and families," said Cindy Whitman Lacy, Head of Retail Operations, Personal and Family Readiness Division, HQMC. "The new card will add convenience and customer service to a program that is already popular with our customers."

Upon receipt of the new card, the Exchange Credit Program advises customers to destroy their existing DPP or NEXCARD cards. However, the Exchanges will accept the old cards through the end of the year. The Exchange Credit Program will send the cards to all eligible cardholders whether they've used their card recently or not. For those who moved, they can contact their local Exchange customer service associate with the change-of-address or they can notify the Exchange Customer Contact Center at 1-877-891-STAR or write P.O. Box 650524, Dallas, TX 75265-0524.



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